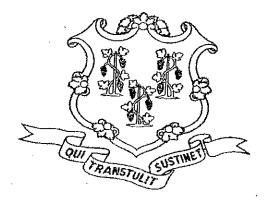
State of Connecticut



15-27

Annual Report of Long-Term Care Facility

Cost Vear 2015

			ost i cai z	2013		F	(EC)	EIVID
Name of Facility (as	licensed)			···	· ·	.1/	iki 1	
High Chase, LLC						U F	VIV 1	4 2016
Address (No. & Stre 140 River Rd., Willin	•	- ,			[c _i	L. DCLLOI TICE OF C	Soci	AL SERVICES O RATE SETTINGS
Type of Facility								2 MALE SETTINGS
Chronic and (Nursing Hom (CCNH)			Rest Home wir Supervision or (RHNS)		-	Resident	ial Ca	are Home
Report for Year Begi 10/01/14	_		Report for Yea 09/30/15	ar Ending				
			,					
License Numbers:		CCNH	RHNS	Resid	ential Care 1871	Home	Me	edicare Provider
Medicaid Provider N	umbers:	CC	CNH	Rì	HNS		IC	F-IID
For Department Use	e Only							
Sequence Number Assigned	Signed and Notarized	Date Received	Sequence N Assign		Signed a	ınd Notari	zed	Date Received
				-				
			L		L			

RECEIVED

JAN 19 2016

MYERS & STAUFFER LC

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General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
High Chase, LLC	1871	09/30/15	1	37

Administrator's/Owner's Certification

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISIONMENT UNDER STATE OR FEDERAL LAW.

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for High Chase, LLC [facility name], for the cost report period beginning October 1, 2014 and ending September 30, 2015, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

I hereby certify that I have directed the preparation of the attached General Information and Questionnaires, Schedule of Resident Statistics, Statements of Reported Expenditures, Statements of Revenues and the related Balance Sheet of this Facility in accordance with the Reporting Requirements of the State of Connecticut for the year ended as specified above.

I have read this Report and hereby certify that the information provided is true and correct to the best of my knowledge under the penalty of perjury. I also certify that all salary and non-salary expenses presented in this Report as a basis for securing reimbursement for Title XIX and/or other State assisted residents were incurred to provide resident care in this Facility. All supporting records for the expenses recorded have been retained as required by Connecticut law and will be made available to auditors upon request.

0			1 1	
Signed (Admin strato)		Date 1 13 20 6	Signed (Owner)	Date 1 /13/20 (6
Printed Name (Administrator)			Printed Name (Owner)	' 7
Kuldip Bhogal V			Kuldip Bhogal	
Subscribed and Sworn	State of	Date	Signed (Notary Public)	Comm. Expires
to before me:		1 1.	11/16/211	
1 m - 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	CI	1/13/16	Youte Whiteaux	813/120
LEEANN R Madlant		- F	LITELATION IN TOTAL	9 12 120
Address of Notary Public			1 Jessen a 10 June	

(Notary Seal)

State of Connecticut Annual Report of Long-Term Care Facility CSP-1A Rev. 6/95

State of Connecticut Department of Social Services

55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjus	tm	ent		Page	of
				1A	37
Name of Facility		Period Cove	ered:	From	То
High Chase, LLC				10/01/14	09/30/15
Address of Facility					
140 River Rd., Willington, CT. 06279		Imi sr		In 4	
Report Prepared By		Phone Num		Date	
Thomas W. Daniele CPA		860-666-59	42	12/31/15	
					Residentia I Care
Item	.,	Total	CCNH	RHNS	Home
Dietary wages paid	\$	42,700		ļ	42,700
2. Laundry wages paid	\$	5,784			5,784
3. Housekeeping wages paid	\$	76,874			76,874
4. Nursing wages paid	\$	119,263			119,263
5. All other wages paid	\$	78,258			78,258
6. Total Wages Paid	\$	322,879			322,879
7. Total salaries paid	\$	86,238			86,238
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$	409,117			409,117

Wages - Compensation computed on an hourly wage rate.

Salaries - Compensation computed on a weekly or other basis which does not generally vary, based on the number of hours worked.

DO NOT include Fringe Benefit Costs.

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-2 Rev. 10/2005

General Information and Questionnaire Type of Facility - Organization Structure

•		E		cility	1 "	ear Ended	Page		of
		860					2	<u> </u>	37
Name of Facility (as shown on license)			,		•				
High Chase, LLC				,					
	CCNH		RHNS	Resi			Medicare P	rovi	der No.
		<u> </u>		<u> </u>	1	871			
))								
Chronic and Convalescent Nursing Home only (CCNH)						Resident	ial Care Hon	ne	
Type of Ownership (Check appropriate box	.)								
O Proprietorship O LLC O	Partnership	0	Profit Corp.	,			·	0	Trust
If this facility opened or closed during repor	rt year provid	e:		1	e Opened 03/28/14	Date Clos	sed		
Has there been any change in ownership		_	Van		NY.	If Vop	lain fulls		
or operation during this report year.		<u> </u>			110	11 1 00,	explain lung	/•	
		·		<u>.</u>	The second se				
					T				
						L.			
Kuldip Bhogal						1			
Other Organizations/Ossessors who are against at	iniatnotora	75,1	1 as sort time	-£+1	 	No.:			
^	diffinstrators	(Iun	1 or part time)) U1 11.		ATa .			
Ivame					LICCUSC 1	NO			
·				•					
Name of Facility (as shown on license) High Chase, LLC CCNH CCNH RHNS Residential Care Home License Numbers: Type of Facility (Check appropriate box(es)) Chronic and Convalescent Nursing Home only (CCNH) Type of Ownership (Check appropriate box) O Proprietorship O LLC O Partnership O Profit Corp. Date Opened 03/28/14 O Pate Closed									
And the triangle of triangle of the triangle of tr									
							•		

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-3 Rev. 10/2005

General Information and Questionnaire Partners/Members

Name of Facility		License No.	Report for \\ 09/30/15	Year Ended	Page of 3 37	
High Chase, LLC		18/1	1 108/30/13	State(s) and/o	or Town(s) in	
Legal Name of Part	tnership/LLC	Business	Address	Registered		
High Chase, LLC		140 River Rd.,	Willington,	СТ		
		CT. 06279				
·	T			<u> </u>		
Name of Partners/Members	Business Ad	Business Address Title			% Owned	
Kuldip Bhogal	140 River Rd., Willing	ton, CT. 06279	Member	· · · · · · · · · · · · · · · · · · ·	50	
3		,				
Jaswinder Bhogal	140 River Rd., Willing	ton, CT. 06279	Member	<u> </u>	50	
		·				
						

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-3A Rev. 10/2005

General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Report for Year I	Ended	Page of
High Chase, LLC	1871	09/30/15		3A 37
If this facility is owned or operated as a corp	oration, provide	the following inform	nation:	·
Legal Name of Corporation	Busin	ness Address		ch Incorporated
•				
Name of Directors, Officers	Busin	ness Address	Title	No. Shares
				Held by Each
		^		
	•			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Names of Stockholders Owning at Least				
10% of Shares				
-				
The state of the s				· · · · · · · · · · · · · · · · · · ·
			}	
	I			

State of Connecticut Annual Report of Long-Term Care Facility CSP-3B Rev. 10/2005

General Information and Questionnaire Individual Proprietorship

ligh Chase, LLC If this facility is owned or operated as an individual proprietorship, provide the following information: Owner(s) of Facility	Name of Facility	License No. 1871	Report for Year Ended 09/30/15	Page of 3B 37
Owner(s) of Facility	High Chase, LLC	as an individual proprietorship,	provide the following inform	ation:
	if this facility is owned of operated	Owner(s) of Facility		
	•	, , , ,		
				·
	-			
	·			

State of Connecticut Annual Report of Long-Term Care Facility CSP-4 Rev. 10/2005

General Information and Questionnaire Related Parties*

	report.			st to the Party									
of 37	lress and ge 11 of the	information		Actual Cost to the Related Party			-						
Page 4	e Name/Add ation on Pa	guiwollot e		Cost	72,293	69,600	3,511	36,860					
	If "Yes," provide the Name/Address and complete the information on Page 11 of the report.	If "Yes," provide the following information:	Indicate Where Costs are Included	in Annual Report Page # / Line #	34/b3	22/9	34/b3	19/3b					
Report for Year Ended 09/30/15	Yes O No	O Yes O No		Description of Goods/Services Provided	loan	Rent of Real Property	Loan	Laundry Service		to a regift to the state of the			
	rough	es, ility, or business	Provides Services to	Parties %**									
e No. 1871	elated the	ices, acility, l, or bus	Also Provides	Non-Related Parties Yes No %**	0	0	0	0	0	0	0	0	0
License No.	acility re	or serv to this f , contro	Also Goods/	Non-J Yes	0	0	0	0	0	0	0	0	0
	Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?	Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or bus association to any of the owners, operators, or officials of this facility?		Business Address	140 River Rd., Willington, CT. 06279	140 River Rd., Willington, CT. 06279							
Name of Facility High Chase, LLC	Are any individuals recei marriage, ability to contro	Are any individuals or co including the rental of pre related through family ass association to any of the		Name of Related Individual or Company	 	I & K Bhogal Realty	I & K Bhogal Realty	Hebron Laundry Service, LLC					

^{*} Use additional sheets if necessary.

^{**} Provide the percentage amount of revenue received from non-related parties.

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-5 Rev. 9/2002

General Information and Questionnaire Basis for Allocation of Costs

Name of Facility	License No.		Report for Year Ended	Page of			
High Chase, LLC	1871		09/30/15	5 37			
If the facility is licensed as CDH and/or RCH o	r provides Al	IDS or TB	I services with special Medi	caid rates, costs			
must be allocated to CCNH and RHNS as follo	ws:						
Item			Method of Allocation	on			
Dietary	1	Number of	meals served to residents				
Laundry			pounds processed				
Housekeeping	1	Number of	square feet serviced				
	1	Number of	hours of routine care provid	ed by EACH			
Nursing	e	employee classification, i.e., Director (or Charge Nurse),					
	F	Registered	Nurses, Licensed Practical 1	Yurses, Aides and			
	A	Attendants					
Direct Resident Care Consultants	1	Number of	hours of resident care provi-	ded by EACH			
	s	pecialist (See listing page 13)				
Maintenance and operation of plant	S	Square feet					
Property costs (depreciation)		quare feet					
Employee health and welfare		Bross salar					
Management services			e cost center involved				
All other General Administrative expenses			rect and Allocated Costs				
The preparer of this report must answer the following	owing question	ons applica	able to the cost information	provided.			
1. In the preparation of this Report, were all	O Yes	O No	If "No," explain fully why s	uch allocation was			
costs allocated as required?	0 103	O 140	not made.				
,							
2. Explain the allocation of related company ex	penses and at	ttach copy	of appropriate supporting da	ıta.			
3. Did the Facility appropriately allocate and se	lf-disallow d	irect and ir	idirect costs to non-nursing	home cost centers?			
(e.g., Assisted Living, Home Health, Outpation	ent Services,	Adult Day	Care Services, etc.)	,			
	O 17	O 37	If "No," explain fully why st	ich allocation was			
·	• Yes	O INO	not made.				
• • • • • • • • • • • • • • • • • • • •			·				

State of Connecticut Annual Report of Long-Term Care Facility CSP-6 Rev. 9/2002

General Information and Questionnaire Leases (Excluding Real Property)

Operating Leases - Include all long-term leases for motor vehicles and equipment that have not been capitalized. Short-term leases or as needed rentals

of 37 Amount Claimed Page Annual Amount of Lease Term of Report for Year Ended Lease 09/30/15 Date of Lease** Description of Items Leased 1871 License No. 0 Related * to å 0 O 0 0 O 0 0 Operators, 0 0 Officers Owners, Yes 0 0 0 0 0 0 0 0 0 0 should not be included in these amounts. Name and Address of Lessor High Chase, LLC Name of Facility

Is a Mileage Log Book Maintained for All Leased Vehicles?

Total ***

% O

O Yes

^{*} Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.

^{**} Attach copies of newly acquired leases.

^{***} Amount should agree to Page 22, Line 6e.

State of Connecticut Annual Report of Long-Term Care Facility CSP-7 Rev. 6/95

General Information and Questionnaire Accounting Basis

on W.	License No.	Report for Year Ended		Page	of
ame of Facility	1971	09/30/15		7	37
gh Chase, LLC	e period covered by this re	eport were maintained on the following basis:			
J /1001441	O Modified Cash				
the accounting basis for this	0.37	If "No," explain.			
a lou the same as io. a	• Yes	11 110, 0/4/2000			
evious period?	O No				
ndependent Accounting Firm	a	an Out Ti Codo)			
ame of Accounting Firm		Address (No. & Street, City, State, Zip Code)			
Daniele & Associates, LLC		66 Cedar ST., Newington, CT. 06111			
Daniele & Associates, LLC					
	(Januiha fulla)				
ervices Provided by This Firm	(aescrive july)		\$	6,120	
General Ledger, Filing Etc			\$	9,120	
Cost Report, Tax Return & Fina	ncial Statement		\$		
			\$		
			Charge for	Services.	Provided
			\$	15,240	
		19 16 Was Specific Expense Classification and Line No.			
Are These Charges Reflected in the E	Expenditure Portion of This Rep	port? If Yes, Specify Expense Classification and Line No.			
O Yes O No	15/1d				
Legal Services Information	-dent Attorney		Telephone	Number	
Name of Legal Firm or Indepe	nuent Attorney	•			
1 ŇA					
2					
3					
4 5					
Address (No. & Street, City, S	tate, Zip Code)				
1					
2					
3					
4					
5 Services Provided by This Fir	m (describe fully)	-			
Services Provided by This Ph	III (describe) iii)		\$		
1			\$		
2			\$		
3			\$		
4			\$		
5			Charge fe	or Service	s Provideo
			\$		
		2 ICYL- Cassify Evance Classification and Line No.	<u> </u>		
Are These Charges Reflected in the	e Expenditure Portion of This R	eport? If Yes, Specify Expense Classification and Line No.			
	15/1e				
⊙ Yes O No					
1.0	·				

State of Connecticut Annual Report of Long-Term Care Facility CSP-8 Rev. 9/2002

Schedule of Resident Statistics

Name of Facility			License No.	10.			Report fo	Report for Year Ended	نو-		Page	of
High Chase, LLC			1	1871			09/30/15				8	37
					, .	Period 10/1 Thru 6/30	1 Thru 6/	30		Period 7/	Period 7/1 Thru 9/30	0
	Total All	Total	Total RHNS	Total Residential				Residential				Residential
		Level	Level	Care Home	Total	CCNH	RHNS	Care Home	Total	CCNH	RHNS	Care Home
A. On last day of PREVIOUS report period	36			36	36		-	36				
B. On last day of THIS report period	36			36					36			36
2. Number of Residents											-	
A. As of midnight of PREVIOUS report period	33			33	33			33	35			35
B. As of midnight of THIS report period	35			35					35			35
3. Total Number of Days Care Provided During Period												
A. Medicare												
B. Medicaid (Conn.)				·				·				
C. Medicaid (other states)												
D. Private Pay	855			855	671			671	184			184
E. State SSI for RCH	11,501			11,501	8,468			8,468	3,033			3,033
F. Other (Specify)												
G. Total Care Days During Period (3A thru F)	12,356			12,356	9,139			9,139	3,217			3,217
Total Number of Days Not Included in Figures in 3G												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days												
5. Total Resident Days (3G + 4A + 4B)	12,356			12,356	9,139			9,139	3,217			3,217

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-9 Rev. 9/2002

Schedule of Resident Statistics (Cont'd)

Name of Fac	ility			Licer	ise No.				Repor	t for Year	Ended		Page	of
High Chase,	LLC				1871					09/30/15	ī		9	37
į.			in the certified l		pacity du	ring t	he repo	ort yea	r?	0	Yes	•	No	
If "YES	", provid		llowing informa	tion:						·				·
•		Place o	f Change	<u> </u>	C	hange	in Bed	ls		Ca	pacity Aft	er Change		
]	Residential	į										
Date of	CCNH	RHNS	Care Home	L	Lost	,		Gaine	d	4				
Change			(0)		(0)	(0)				COLTY	DIDIO	Residential	ъ.	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	Care Home	Reason i	for Change
ļ						-				 				
<u> </u>	ļ			 								-		
<u> </u>								 						
	<u> </u>	I				l	l	J		1		1	1	
5. If there	was any	change	in certified bed	capaci	ty during	the re	eport y	ear (as	report	ted in item	i 4 above)	provide the nu	mber of	
RESID	ENT DA	YS for	90 days followi	ng the	change.									
												,		
			Change in R	esiden	t Davs					cc	NH	RHNS	Residentia	l Care Home
1st char	ige		on not the		, 2									
2nd cha														
3rd chai			•											
4th char														
6. Number	of Resid	lents an	d Rates on Septe	ember			ar							
			Medicare	<u> </u>	Medi	caid		L		Se	lf-Pay	,	Other Sta	te Assisted
								l						
												Residential		
	Item		CCNH	С	CNH	RI	INS	CC	NH	RI-	INS	Care Home	R.C.H.	ICF-MR
No. of F												3	32	
Per Die								140						
a. One				<u> </u>				<u> </u>						
	bed rms							<u> </u>		<u> </u>		110.00	85,00	
c. Three		e												
bed	rms.					L		L	-					
- m . 137	,	ent ·	1.001 .00 .								TO A 1	COMM	DIDIG	Residential
,			al Therapy Treat	ments						10	ΓAL	CCNH	RHNS	Care Home
A	Medica	ire - Pari	usive of Part B)											
D.			e Treatments											
			Treatments				······							
C	Other		110001101110											
		hysical	Therapy Treatn	nents			·							
			Therapy Treatn											
A.	Medica	re - Part	В											
B.	Medica	id (Excl	usive of Part B)									排作性數數		
			e Treatments											
		orative	Treatments											
	Other													
			herapy Treatme											200
			tional Therapy	I'reatn	nents								amerika ka ka k	Marie Control
	Medica										and the same of		An Property	
В.			usive of Part B)											
			Treatments			~								
	2. Rest	UIALIYU	Treatments											
		ccunati	onal Therapy T	reatm	ents	•								
υ,	A CHEL U	pul	view zincimpy x										L	

CSP-10 Rev. 9/2002 Report of Expenditures - Salaries & Wages

Report of Exp	License No.	January	Report for Year	Ended	Page	of
ame of Facility			09/30/15		10	37
igh Chase, LLC	1871					<u> </u>
re time records maintained by all individuals receiving com	pensation?	⊙	Yes	0	No	
The time records and the same records are same records and the same re			Total Cost an	d Hours	 _	
THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRE						
					Residential	TT .
Item	CCNH	Hours	RHNS	Hours	Care Home	Hours
1377 - #	8 2 S		and the		2.0	
Salaries and wages* Decators/Owners (Complete also Sec. I					24,868	1,038
of Cohedule A 1)			10 34 34		21,000	
2. Administrator(s) (Complete also Sec. III					61,370	2,170
of Schedule A1)	and the Company of th			14.40.53	1 4 5 4 6 5 4 5 E	
3. Assistant Administrator (Complete also Sec. IV						
of Schedule A1)						
4. Other Administrative Salaries (telephone					17,681	1,044
operator, clerks, receptionists, etc.)			* * * * * * * * * * * * * * * * * * * *			
5. Dietary Service		NAMES OF SERVICE ASSOCIATIONS OF				
a. Head Dietitian b. Food Service Supervisor	+				10.700	2.52
b. Food Service Supervisor c. Dietary Workers					42,700	3,53
6. Housekeeping Service		7 7 8	9.000			
a. Head Housekeeper		<u> </u>			76,874	6,34
b Other Housekeeping Workers	The second secon	Year Table				
7 Renairs & Maintenance Services						
a Engineer or Chief of Maintenance	 	 			42,895	2,31
b. Other Maintenance Workers			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
8. Laundry Service		D. Mary done opening				
a. Supervisor b. Other Laundry Workers				ļ	5,784	48
Other Laundry Workers Barber and Beautician Services	<u> </u>	<u> </u>		<u> </u>		<u> </u>
10. Protective Services		The second second				E-047-2
11. Accounting Services		E 02-26				
a. Head Accountant				 	 	
h. Other Accountants	CONTRACTOR OF STREET	5 5 5 6		140 alter 35		
12. Professional Care of Residents				E. Shift-transferous		
 a. Directors and Assistant Director of Nurses 	Carrie Santa Walk	2 61 53 53 5 7 5 5		Page of the Car		
b. RN				T. Mark Carrier Street		
1. Direct Care		 	 			Town Service Report
2. Administrative**		4 2000	T N. S. Basili	4.7		
c. LPN	The state of the s	SEE PHONE CHARACTER			<u> </u>	
1. Direct Care 2. Administrative**					119,26	3 9,8
d. Aides and Attendants					119,20.	3
e. Physical Therapists			 	┼ ─┈		
f. Speech Therapists						
g. Occupational Therapists				 	17,68	2 1,0
h. Recreation Workers						
i. Physicians						
1. Medical Director						
Utilization Review Resident Care***	 			ner (1986) Livering		
4. Other (Specify)	7 4 3					
4, Onto (optony)						+
j. Dentists						+
k. Pharmacists						
1 Podiatrists			 	+		
m. Social Workers/Case Management						
n. Marketing						
o Other (Specify)			MONEY STREET		· · · · · · · · · · · · · · · · · · ·	
See Attached Schedule				- T	409,1	17 27,

^{*} Do not include in this section any expenditures paid to persons who receive a fee for services rendered or who are paid on a contract basis.

^{**} Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.

^{***} This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28,

Schedule of Other Salaries and Wages (Page 10)

	CC	NIT	RH	NS	Residential	Care Home
	\$	Hours	s	Hours	S	Hours
osition		Atours				
						<u></u>
			200		Care Spirit	Supplied N
						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		1				
			9 1 No. 100			
		 				
			-			100
					-	
	1 1 1 1 1 1 1 1 1					
		1				
		 				
		+	+			
		 	+			
				 	\$ -	
Cotal	\$		\$		_ φ	1

Schedule of Other Fees (Page 13)

	CC	NH	RH	NS	Residential	Care Home
	s CCI	Hours	\$	Hours	\$	Hours
ervice		210010				
						<u> </u>
				1 24 224		
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		19,500,000	eyse gaja tiri		
	 		Branch Art			
·			914 THE SEC.			
	 		William State of			
		2 3 5 1 3 2 3				
						2 1 2 2
					Y 4 1 4 4 4	1 1 1 1 1 1 1 1 1
					30 12 1	
	\$	<u> </u>	\$ -	<u> </u>	\$ -	<u> </u>
Total						

State of Connecticut

Annual Report of Long-Term Care Facility CSP-11 Rev. 10/2005

Schedule A1 - Salary Information for Operators/Owners; Administrators,

Assistant Administrators and Other Related Parties*

		7	ASSISTALL	Aummistr	Assistant Aummistrators and Care	277777	7 7		ç	3
				License No.		Report for Year Ended	Year Ended		Page -	10
Name of Facility			-	1871		09/30/15			11	37
High Chase, LLC										
		Salary Paid	P	Fringe Benefits						-
,	H	SNHa	Residential		Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	lotal Hours Worked	Compensation Received
Name		a la								
Section I - Operators/Owners					administrative,					7
Towering Dhona			24,868 none	none	accounting, pension, etc	1,038	Al	April Time Residencial Care home	2,175	61,370
Jaswiilde Diogai			,							
Section II - Other related parties of Operators/Owners	<u></u>		<u> </u>							
employed in and paid by			_							
facility (EXCEFT those wno may be the Administrator or	•			<u></u>		_	··			
Assistant Administrators who are identified on Page 12).				-						
										-
		<u>.</u>								
		_			7: 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	, animod				

^{*} No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

^{**} Include all employment worked during the cost year.

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-12 Rev. 10/2005

Schedule A1 - Salary Information for Operators/Owners; Administrators,

Assistant Administrators and Other Related Parties*

	-	4	ASSISTABL	Aummana	Assistant Administrators and Carol resident Language	ייייייייייייייייייייייייייייייייייייייי	ד תיו בדבה			,
				Ticence Mo		Report for Year Ended	ear Ended		Page	oţ
Name of Facility (as licensed)				.041		7.00000			12	37
High Chase, LLC				18/1		CT INCIAC				
		Salary Paid	d	į						<u>.,, ·</u>
				Fringe Benefits and/or Other		Total	Line Where	11 4 3	Total	Compensation
Name	CCNH	RHINS	Residential Care Home		Full Description of Services Rendered	Hours	Claimed on Page 10	Name and Address of All Other Employment**	Worked	Received
Section III - Administrators***										
			61 370 None	None	Administrator	2,170 A2		April Time Residencial Care home	1,059	24,868
Kuldip Bhogal			2,2670							_
		<u>.</u>	·						-	
										-
Section IV - Assistant					<u>.</u>	···				
Administrators										
Kuldin Bhosal		<u> </u>								
marin and a							-1/8			
				<u>.</u>		·		,		
							· ·			
				T T T T T T T T T T T T T T T T T T T	however to see the	omired	İ			

^{*}No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

^{**} Include <u>all</u> other employment worked during the cost year. *** If more than one Administrator is reported, include dates of employment for each.

CSP-13 Rev. 9/2002

B. Report of Expenditures - Professional Fees

B. Report of Ex	xpenditur	es - Prof	essional F	ees	<u> </u>	-£
Name of Facility	License No.		Report for Y	ear Ended	Page	of 37
High Chase, LLC	187	1	09/30/15		13	31
Ingi omo,			Total Cost a	nd Hours		
-					Didential	
•					Residential	Hours
Item	CCNH	Hours	RHNS	Hours	Care Home	nouis
*B. Direct care consultants paid on a fee			Market State			
for service basis in lieu of salary			4-36 to		1000	
(For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist			<u> </u>			
3. Pharmacist					<u> </u>	
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						<u> </u>
b. Other	<u> </u>			 		
6. Social Worker						
7. Recreation Worker	the second second	and the second		10.00		
8. Physicians		1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				BESTER BUTTON
a. Medical Director (entire facility)			02 20 10 10			
b. Utilization Review						- Bo-draw and and an extensive
(Title 18 and 19 only) monthly meeting	5	 		 	· ·	
c. Resident Care**			100 (100 (100 (100 (100 (100 (100 (100	reate descri		
d. Administrative Services facility						
Infection Control Committee (Quarterly meetings)						<u> </u>
2. Pharmaceutical Committee						
(Quarterly meetings)	<u> </u>		 	 		
3. Staff Development Committee			1			
(Once annually)	#11 H 7					100
e. Other (Specify)		S. Mariantina	A DETERMINE THE PARTY OF			
a a la militario de la constanta de la constan			Topic State			
9. Speech Therapist		TATAL CANADA				
a. Resident Care						
b. Other 10. Occupational Therapist						
a. Resident Care						
b. Other						es composition and
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***				and reserve and the Conta		
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides					<u> </u>	
d. Other						
12 Other (Specify)						
See Attached Schedule						+
B-13 Total Fees Paid in Lieu of Salaries	thich must be reporte			11	Page 17	<u> </u>

^{*} Do not include in this section management consultants or services which must be reported on Page 16 item M-12 and supported by required information, Page 17.

^{**} This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must

^{***} Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.

Report of Expenditures Schedule B1 - Information Required for Individual(s) Paid on Fee for Service Basis*

Name of Facility High Chase, LLC	License No. 1871		Report for Ye 09/30/15	ar Ended	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related* Operato Yes	* to Owners, rs, Officers		nation of Rel	ationship
		0	0			
		0	0			
· · · · · · · · · · · · · · · · · · ·		0	0			
		0	0		***	
		0	0			
		0	0			
		0	0			.,,
		0	0			
<u> </u>	- Address - Addr	0	0			
		0	0			
		0	0	1 10 20	·	***
		0	0			
		0	0			
		0	0			
		0	0	-		
		0	0			
		0	0			
- 10-10-10-10-10-10-10-10-10-10-10-10-10-1		0	0			
·		0	0		***	
		0	0			
,		0	0			
		0	0			

^{*} Use additional sheets if necessary.

^{**} Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

ame of Facility	ense No.	R	eport for Ye	ar Ended	Page	of
ligh Chase, LLC	1871	0	9/30/15	<u> </u>	15	37
igii Chase, Libe				:		 Residentia
					DIDIG	Care Hom
Item		\perp	Total	CCNH	RHNS	Care Hom
1 Cananal					10,70	
a. Employee Health & Welfare Benefits						01.50
Employee Health & Working Norkmen's Compensation		\$	21,569			21,56
Disability Insurance		\$				10.20
3. Unemployment Insurance		\$	18,304			18,30
4. Social Security (F.I.C.A.)		\$	31,264			31,26
5. Health Insurance		\$	93,653	and the second s		93,65
(1 mlv)				10 m		
6. Life Insurance (employees only) (not-owners and not-operators)		\$				
7. Pensions (Non-Discriminatory)		\$	11,511			11,51
(not-owners and not-operators)		100				
8. Uniform Allowance		\$				
		\$				
9. Other (Specify) See Attached Schedule		in the second				
b. Personal Retirement Plans, Pensions, and		\$		WAS TAKEN THE		
Profit Sharing Plans for Owners and		100				
Profit Sharing Flans for Owners and		0.00				
Operators (Discriminatory)*						
21214		\$				
c. Bad Debts*		\$	14,260			14,2
d. Accounting and Auditing e. Legal (Services should be fully described or	n Page 7)	\$				
e. Legal (Services should be fully described of	12 480_17	\$				energy department for Sink
f. Insurance on Lives of Owners and						
Operators (Specify)*		\$	1,178			1,1
g. Office Supplies		_				7.00
h. Telephone and Cellular Phones		\$	3,024			3,0
1. Telephone & Pagers		\$				
2. Cellular Phones		- \$				
i. Appraisal (Specify purpose and		•				
attach copy)*						
The state of the s	`	\$				
j. Corporation Business Taxes (franchise tax	Page 22)					
k. Other Taxes (Not related to property - See	1 ugo 44)	\$				
1. Income*		<u> </u>				
2. Other (Specify)		ψ				
See Attached Schedule				NES CONTRACTOR OF THE PARTY OF	Actions in a second sec	
3. Resident Day User Fee			194,76	, 		194,

^{*} Facility should self-disallow the expense on Page 28 of the Cost Report.

*** DO NOT Include Holiday Parties / Awards / Gifts to Staff

High Chase, LLC 09/30/15

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	Residential Care Home
Description			
			2.
Total	\$ -	\$ -	\$ -

Schedule of Other Taxes

Descript	ion	CCNH	RHNS	Residential Care Home
· .				
Total		\$ -	\$ -	\$ -

C. Expenditures Other Than Salaries (cont'd) - Administrative and General

	icense No.	I	Report for Y	ear Ended	Page	of
ame of racinty	1871)9/30/15		16	37
ligh Chase, LLC		T			•	
						Residentia
Years			Total	CCNH	RHNS	Care Home
Item Subtotals	Brought Forward	<i>d</i> :	194,763			194,76
	Divigio	99				
1. Travel and Entertainment		\$				
1. Resident Travel and Entertainment		\$				
2. Holiday Parties for Staff		\$				
3. Gifts to Staff and Residents		\$	144			144
4. Employee Travel	d Conventions	\$	(2,675)			(2,67
Employee Travel Education Expenses Related to Seminars and Control of Control o	eciation)	\$	4,029			4,02
6. Automobile Expense (not purchase or depre	.c.a.roir)	\$	397			39
7. Other (Specify)		,				
See Attached Schedule				1 m 10 10		
m. Other Administrative and General Expenses	, \	\$				
Advertising Help Wanted (all such expense: Advertising Help Wanted (all such expenses))))	\$				
2. Advertising Telephone Directory (all such e	хреньев)	\$				
3. Advertising Other (Specify)***		Ψ				
See Attached Schedule		\$		20011-0021-0021-002		
4. Fund-Raising***	<u> </u>	\$				
5. Medical Records		\$	<u> </u>			
6. Barber and Beauty Supplies (if this service	is supplied	ψ				
directly and not by contract or fee for service	ce)***	\$	271		No. of Control of Control of Control	2'
7 Postage		<u> </u>	 			7:
* 8. Dues and Membership Fees to Professional		Φ	730			
Associations (Specify)						
See Attached Schedule		<u>d</u>				200
8a. Dues to Chamber of Commerce & Other Non-A	Allowable Org.***	\$,		2
9. Subscriptions		<u> </u>				
10. Contributions***		4				
See Attached Schedule						SCHOOL SECRETARION OF THE PARTY
11 Services Provided by Contract (Specify and	d Complete	5		7. 7.		
Schedule C-2, Page 21 for each firm or inc	lividual)		h l			Service Communications of the Communication of the
12. Administrative Management Services**			6 72	0		6,7
13. Other (Specify)		1	6,73	0		
See Attached Schedule			004.63	4	337-188-1-18	204,6
C-14 Total Administrative & General Expenditure	5	<u>'</u>	\$ 204,63	4	<u></u> _	20 130

^{*} Do not include Subscriptions, which should go in item 9.

^{**} Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

^{***} Facility should self-disallow the expense on Page 28 of the Cost Report.

Schedule of Other Travel and Entertainment

		c	CNH		RHN	s		siden re H	
Description		 T		I			l s		397
Meals & Entertainment		 	_:-	+					
		 		+		٦.	 		
		 +		╁			1		
		 ┼		+			 		
		 +-		+		÷	1	-	7
		 +		+-			\vdash	9.1	
		 -		\$			\$		397
Total Other Travel and Entertainment		 		<u> </u>					

Schedule of Other Advertising

	CCNH	RHNS	Residential Care Home
Description			
		<u></u>	
m . 1 Oth 1 dwartining	\$ -	s <u>-</u>	\$ -
Total Other Advertising	 	_	

Schedule of Dues

	CCNH	RHNS	Residential Care Home
Description			\$ 100
SAM'S CLUB			\$ 650
CARCH		-	1
			3 1,27 1, 32
	l — — —		
			1 2 2 2 2 2 2
	s -	\$	\$ 750
Total Dues	 		

Schedule of Contributions

					C	CNH		R	HNS		siden re Ho	
Description	 		-		ΓŤ				1.12			
	 						Ι			$oxed{oxed}$		<u> </u>
		1		-			1	33		<u> </u>	. 4	
Total Contributions					\$		L	\$		<u> \$</u>		-

Schedule of Other Administrative and General

	CCNH	RHNS	Residential Care Home
Description			\$ 1,661
Computer Expense	 		\$ 2,869
Payroll Processing Service	10 00		\$ 1,205
Licenses		1 N 1	\$ 1,003
Pension Adm	-	100	
	-		-
	<u> </u>		1000
Total Other Administrative and General	+	\$	\$ 6,738

State of Connecticut Annual Report of Long-Term Care Facility CSP-17 Rev. 10/97

Schedule C-1 - Management Services*

Jame of Facility	License No. 1871	Report for Year Ended 09/30/15	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annua Report Page #/Line #

^{*} In addition to management fees reported on page 16, line m12 include any additional management company charges or allocations of home office overhead costs reported elsewhere in the Annual Report.

C. Expenditures Other Than Salaries (cont'd) - Dietary Basis for Allocation of Costs (See Note on Page 5)

. Hapenutures Commission	No	te on	Page 5)					
ame of Facility		icense	No.		ort for Yea	ar Ended	Page	of 37
igh Chase, LLC			1871	()9/30/15			tial Care
			Trata!		CNH	RHNS		me
Item			Total		CIVII			
Dietary								
a. In-House Preparation & Service		\$	67,107	14,524				67,107
1. Raw Food		\$	4,603	-				4,603
2. Non-Food Supplies		8	13000	-				
3. Other (Specify)		Ψ					15	
<i>:</i>		!					a de	
b. Purchased Services (by contract other		\$	State		neveral Consistent Library			
than through Management Services)						40.00		
(Complete Schedule C-2 att. Page 21)								
c. Management Services**		\$		<u> </u>			ļ	
d. Other (Specify)		\$		200000				
u, outer (operator)			24. 6					
·					为。			71,71
E. Total Dietary Expenditures (2a+b+c+d)		\$	71,710	<u> </u>			1	
							1	ntial Car
P. Dietary Questionnaire			Total		CCNH	RHNS		lome
m . I . C ala comund no	r day	*	102	<u></u>				10
1. in shaded in OE?	0	Yes	•	No			<u> </u>	
H. Is cost of employee meals included in 215?		·				If yes, specify		
 Did you receive revenue from employees? 	0	Yes	•) No	ı	amt.		
Where is the revenue received reported in the	Cos	t Reno	rt? (Page/Line	e Iten	n)			
Where is the revenue received reported in the	COS	st reepo	10. (2-8-		. ′ 	TC		
Is cost of meals provided to persons other	\circ	Yes) No)	If yes, specify		
K. than employees or residents (i.e., Board		1 03	_			cost.		
Members, Guests) included in 2E?						If yes, specify		
L. Is any revenue collected from these people?	0	Yes	•) No)	amt.		
	- C-	at Dans	ort? (Done) in	e Iter	n)			
M. Where is the revenue received reported in the	e C0:	st Kept	nt: (ragoran	J 1101	<u>/</u>			
Is cost of food (other than meals, e.g.,				_		If yes, specify		
snacks at monthly staff meetings, board	0	Yes	•) No	0	cost.		
N. meetings) provided to employees included								
in 2E?						If yes, specify		
O. Is any revenue collected from employees?	0	Yes	0	N C	0	amt.		
			10 (D 17)	T.				<u> </u>
P. Where is the revenue received reported in the	e Co	st Rep	ort? (Page/Lin	ie Ite	III.)			

^{*} Count each tray served to a resident at meal time, but do not count liquids or other "between meal" snacks.

^{**} Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

C. Expenditures Other Than Salaries (cont'd) - Laundry Basis for Allocation of Costs (See Note on Page 5)

High Chase, LLC Item Total CCNH RHNS Residential Car Home	Name	of Facility	Ī	icense		J	Report for Ye	ar Ended	Page 19	of 37
Red linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.*** 2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.*** 3. Personal clothing of residents washed, ironed, and/or processed.*** 4. Repair and/or purchase of linens.*** Lbs. 5. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) c. Management Services** \$ 36,880 d. Other (Specify) \$ \$ 36,887 3. E. Total Laundry Expenditures (3a + b + c + d) \$ 36,887 3. Possible of the processed of linens and linens are incompleted in 3E? Yes b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) c. Management Services** \$ 36,880 36. Total Laundry Expenditures (3a + b + c + d) \$ 36,887 37. Laundry Questionnaire \$ 36,887 38. Total Laundry Expenditures (3a + b + c + d) \$ 36,887 39. Linendry Questionnaire \$ 9 No If yes, specify amt. 40. Did you receive revenue from employees? O Yes O No If yes, specify amt. 50. Scot of laundry provided to persons other than employees or residents included in 3E? O Yes O No If yes, specify cost. 50. Scot of laundry provided to persons other than employees or residents included in 3E? O Yes O No If yes, specify cost. 50. Scot of laundry provided to persons other than employees or residents included in 3E? O Yes O No If yes, specify cost. 50. Scot of laundry provided to persons other than employees or residents included in 3E? O Yes O No If yes, specify cost.	High	Chase, LLC			18/1	4	09/30/13			<u> </u>
a. In-House Processing* 1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.*** 2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.*** 3. Personal clothing of residents washed, ironed, and/or processed.*** 4. Repair and/or purchase of linens.*** 4. Repair and/or purchase of linens.*** b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) c. Management Services** d. Other (Specify) 3E. Total Laundry Expenditures (3a + b + c + d) 3F. Laundry Questionnaire G. Is cost of employee laundry included in 3E? O Yes O No If yes, specify ost. I. Where is the revenue received reported in the Cost Report? J. Is Cost of laundry provided to persons other than employees or residents included in 3E? K. Did you receive revenue from these people? O Yes O No If yes, specify cost.		Item			Total		CCNH	RHNS		
gowns and other resident care items washed, ironed, and/or processed.*** 2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.*** Amt. \$ 3. Personal clothing of residents washed, ironed, and/or processed.*** 4. Repair and/or purchase of linens.*** Lbs. Amt. \$ 4. Repair and/or purchase of linens.*** b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) c. Management Services** d. Other (Specify) 3E. Total Laundry Expenditures (3a + b + c + d) S 36,887 3F. Laundry Questionnaire G. Is cost of employee laundry included in 3E? O Yes Did you receive revenue from employees? O Yes No If yes, specify ant. I. Where is the revenue received reported in the Cost Report? J. Is Cost of laundry provided to persons other than employees or residents included in 3E? K. Did you receive revenue from these people? O Yes O Yes No If yes, specify cost.		a. In-House Processing*		Lbs.						<u> </u>
2. Employee transmit and/or processed.*** Amt. \$ 3. Personal clothing of residents washed, ironed, and/or processed.*** 4. Repair and/or purchase of linens.*** b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) c. Management Services** d. Other (Specify) 3E. Total Laundry Expenditures (3a + b + c + d) 3F. Laundry Questionnaire G. Is cost of employee laundry included in 3E? O Yes No No If yes, specify cost. I. Where is the revenue received reported in the Cost Report? Where is the revenue received reported in the Cost Report? Where is the revenue received reported in the Cost Report? Is Cost of laundry provided to persons other than employees or residents included in 3E? No If yes, specify cost. If yes, specify cost. If yes, specify cost.		gowns and other resident care items washed, ironed, and/or processed.***							<u></u>	
3. Personal clothing of residents washed, ironed, and/or processed.*** 4. Repair and/or purchase of linens.*** 4. Repair and/or purchase of linens.*** b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) c. Management Services** d. Other (Specify) 3E. Total Laundry Expenditures (3a + b + c + d) 3F. Laundry Questionnaire G. Is cost of employee laundry included in 3E? O Yes O Yes No If yes, specify cost. If Where is the revenue from employees? O Yes No If yes, specify amt. I. Where is the revenue received reported in the Cost Report? (Page/Line Item) J. Is Cost of laundry provided to persons other than employees or residents included in 3E? K. Did you receive revenue from these people? O Yes O Yes O No If yes, specify cost. If yes, specify cost.		gowns, etc. washed, ironed and/or								
washed, ironed, and/or processed.*** 4. Repair and/or purchase of linens.*** b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) c. Management Services** d. Other (Specify) 3E. Total Laundry Expenditures (3a + b + c + d) 3F. Laundry Questionnaire G. Is cost of employee laundry included in 3E? O Yes No No If yes, specify cost. If yes, specify amt. Where is the revenue received reported in the Cost Report? Where is the revenue received to persons other than employees or residents included in 3E? K. Did you receive revenue from these people? O Yes No No If yes, specify cost. If yes, specify cost. If yes, specify cost.		processed.***	_	Amt. \$		-				
4. Repair and/or purchase of linens.*** Lbs.		3. Personal clothing of residents				-				<u></u>
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) c. Management Services** d. Other (Specify) 3E. Total Laundry Expenditures (3a + b + c + d) \$ 36,887 \$ 36 3F. Laundry Questionnaire G. Is cost of employee laundry included in 3E? O Yes O No If yes, specify cost. H. Did you receive revenue from employees? O Yes O No If yes, specify amt. I. Where is the revenue received reported in the Cost Report? (Page/Line Item) Is Cost of laundry provided to persons other than employees or residents included in 3E? O Yes O No If yes, specify cost. K. Did you receive revenue from these people? O Yes O No If yes, specify cost.			-							
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) c. Management Services** d. Other (Specify) 3E. Total Laundry Expenditures (3a + b + c + d) 3F. Laundry Questionnaire G. Is cost of employee laundry included in 3E? O Yes O No If yes, specify cost. H. Did you receive revenue from employees? O Yes O No If yes, specify amt. I. Where is the revenue received reported in the Cost Report? Is Cost of laundry provided to persons other than employees or residents included in 3E? O Yes O No If yes, specify amt. If yes, specify cost. If yes, specify cost. If yes, specify amt. O Yes O No If yes, specify cost. If yes, specify cost. If yes, specify cost.		4. Repair and/or purchase of linens.***			2	27				2
than through Management Services) (Complete Schedule C-2 att. Page 21) c. Management Services** d. Other (Specify) 3E. Total Laundry Expenditures (3a + b + c + d) \$ 36,887		h Purchased Services (by contract other	\neg			60				36,86
c. Management Services** d. Other (Specify) 3E. Total Laundry Expenditures (3a + b + c + d) \$ 36,887 36 3F. Laundry Questionnaire G. Is cost of employee laundry included in 3E? O Yes O No If yes, specify cost. H. Did you receive revenue from employees? O Yes O No If yes, specify amt. I. Where is the revenue received reported in the Cost Report? (Page/Line Item) Is Cost of laundry provided to persons other than employees or residents included in 3E? O Yes O No If yes, specify cost.		than through Management Services)						TENE OF		100 E
d. Other (Specify) 3E. Total Laundry Expenditures (3a + b + c + d) \$ 36,887		c, Management Services**								
3E. Total Laundry Expenditures (32 + 5 + 5 + 5 + 4) 3F. Laundry Questionnaire G. Is cost of employee laundry included in 3E? O Yes O Yes O No If yes, specify cost. H. Did you receive revenue from employees? O Yes O Yes O No If yes, specify amt. I. Where is the revenue received reported in the Cost Report? Is Cost of laundry provided to persons other than employees or residents included in 3E? O Yes O Yes O No If yes, specify cost. If yes, specify cost. K. Did you receive revenue from these people? O Yes O Yes O No If yes, specify cost.		d. Other (Specify)				¥				27, 99
G. Is cost of employee laundry included in 3E? O Yes © No If yes, specify cost. H. Did you receive revenue from employees? O Yes © No If yes, specify amt. I. Where is the revenue received reported in the Cost Report? (Page/Line Item) Is Cost of laundry provided to persons other than employees or residents included in 3E? O Yes © No If yes, specify cost. K. Did you receive revenue from these people? O Yes © No Specify amt.	3E.	Total Laundry Expenditures (3a+b+c+d)		\$	36,8	87			<u> </u>	36,88
G. Is cost of employee laundry included in 3E? O Yes Specify cost. H. Did you receive revenue from employees? O Yes So No Specify amt. I. Where is the revenue received reported in the Cost Report? (Page/Line Item) Is Cost of laundry provided to persons other than employees or residents included in 3E? O Yes Specify cost. K. Did you receive revenue from these people? O Yes So No Specify amt.	3F.	Laundry Questionnaire						Ifyen		
H. Did you receive revenue from employees? O Yes Specify amt. I. Where is the revenue received reported in the Cost Report? (Page/Line Item) Is Cost of laundry provided to persons other than employees or residents included in 3E? Ves No If yes, specify cost. K. Did you receive revenue from these people? O Yes O No Specify amt.	G.	Is cost of employee laundry included in 3E?	0	Yes		⊙	No	specify cost.		<u></u>
I. Where is the revenue received reported in the Cost report. J. Is Cost of laundry provided to persons other than employees or residents included in 3E? O Yes No If yes, specify cost. K. Did you receive revenue from these people? O Yes O Yes No Specify amt.	H.	Did you receive revenue nom empreyees.				⊙		specify amt.		
Is Cost of laundry provided to persons other than employees or residents included in 3E? O Yes No If yes, specify cost. If yes, specify cost. If yes, specify amt.	Ī.	Where is the revenue received reported in the C	ost	Report	?		(Page/Line			
K. Did you receive revenue from these people? O Yes No If yes, specify amt.	J.	Is Cost of laundry provided to persons other				⊙	No	specify cost.		
The True Years	K.		0	Yes		0		specify amt.		
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)	r	Where is the revenue received reported in the C	ost	Report	?		(Page/Line	: Item)		

^{*} Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4. All allocations should add to total recorded in 3E.

^{**} Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

^{***} Pounds of Laundry only required for multi-level facilities.

C. Expenditures Other Than Salaries (cont'd) - Housekeeping and Resident Care Basis for Allocation of Costs (See Note on Page 5)

Name of Facility	License No.	Repo	rt for Year E	nded	Page	of
High Chase, LLC	1871		09/30/15		20	37
ngn Chase, DEC			-			70 11-41-1
						Residential
Item			Total	CCNH	RHNS	Care Home
	Sq. Ft. Serviced					
i. Housekeeping a. In-House Care	by Personnel					12 172
1. Supplies - Cleaning (<i>Mops</i> ,	Amt,	\$	12,172			12,172
pails, brooms, etc.)						
b. Purchased Services (by contract other	Sq. Ft. Serviced		•			
than through Management Services)	by Personnel					
(Complete Schedule C-2 att.	Amt.	\$				
Page 21)						
*Commisses		\$			<u> </u>	<u> </u>
d. Other (Specify)		\$	The second secon			
(i. Onle (operty))	_					10.17
4E. Total Housekeeping Expenditures (4a-	+ b + c + d)	\$	12,172			12,172
4E. Total Housekeeping Expenditures (4a 5. Resident Care (Supplies)**		_				
a. Prescription Drugs***						
1. Own Pharmacy		\$				
2. Purchased from		\$				
Z. Turonasou nom-			100			16
b. Medicine Cabinet Drugs		\$	163			10
c. Medical and Therapeutic Supplies		\$				
d. Ambulance/Limousine***		\$				
e. Oxygen						
1. For Emergency Use		\$				
2. Other***		9	S			
in 1 . In distance		5	3	**************************************		
Deconduree***						
g. Dental (Not dentists who should be in	ncluded under	, (8			
salaries or fees)						
L. Laboratory***			\$			
h. Laboratory*** i. Recreation			\$ 2,01	7		2,0
i. Recreation j. Other (Specify)****			\$			
J. Other (Specify) See Attached Schedule						
5K. Total Resident Care Expenditures (5a	- 5i)		\$ 2,18	0		2,1

^{*} Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

^{**} Do not include any fees to professional staff, these should be reported on Page 13, or, if paid on salary basis, on Page 10.

^{***} Facility should self-disallow the expense on Page 29 of the Cost Report.

^{****} ICFMR's should provide a detailed schedule of all Day Program Costs.

Schedule of Other Resident Care

	CCNH	RHNS	Residential Care Home
Description	CCITI		
	<u> </u>		
			5.54 5.64 5.73
		Name of the state of	
	\$ -	\$ -	\$ -
Total Other Resident Care	Φ =	<u> </u>	

State of Connecticut Annual Report of Long-Term Care Facility CSP-21 Rev. 10/2001

Report of Expenditures Schedule C-2 - Individuals or Firms Providing Services by Contract *

Name of Facility				License No. 1871	Report for Year Ended 09/30/15				Page of 21 37
Hign Chase, LLC				The state of the s					
		Related ** to Owners,	o Owners,			Ę	otal Cost/l	Total Cost/Page Ref.***	
		Operators, Ottrocis	OTTICETS						
Name of Individual or	Address	Yes	Š	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHINS	Residential Care Home	Pg Line
Tahan I amday Service	495 Foote Rd, Glastonbury, CT 06073	0	0	Daughter & Son-in-Law	Full Service Laundry processing			36,860	19.3b
TACOLOGIA L'AMBANA D'ANTON		0	0						
		0	0						
	-	0	0						
		0	0						
		0	0						
		0	0						
		0	0						
		0	0						
		0	0						
		0	0						
		0	0						
		0	0						
		0	0						

^{*} List all contracted services over \$10,000. Use additional sheets if necessary.

^{**} Refer to Page 4 for definition of related.

^{***} Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

C. Expenditures Other Than Salaries (cont'd) - Maintenance and Property

Name of Facility	License No.		Report for Ye	ar Ended		Page 22	of 37
High Chase, LLC	1871	10)9/30/15			 	
					DYD IG	1 - "	ntial Care
Item			Total	CCNH	RHNS	<u> </u>	ome
6. Maintenance & Operation of Plant							40.055
a. Repairs & Maintenance		8	42,255			 	42,255
b. Heat		5	20,968			 	20,968
c. Light & Power		\$	12,385				12,385
d. Water		\$	7,069			 	7,069
e. Equipment Lease (Provide detail on po	ige 6) 🤱	\$				-	
f. Other (itemize)		\$					
See Attached Schedule							00.675
6g. Total Maint. & Operating Expense (6a -	6f)	\$	82,677				82,677
7. Depreciation (complete schedule page 23	*)						4 4 5
a. Land Improvements		\$	1,156				1,150
b. Building & Building Improvements		\$					5.40
c. Non-Movable Equipment		\$	5,486				5,480
d. Movable Equipment		\$	4,708			 	4,70
*7e. Total Depreciation Costs (7a + b + c + d)	\$	11,350			 	11,35
8. Amortization (Complete att. Schedule Page	ge 24*)						
a. Organization Expense		\$					
b. Mortgage Expense		\$					0.40
c. Leasehold Improvements		\$	3,408		<u> </u>		3,40
d. Other (Specify)		\$					2 40
*8e. Total Amortization Costs (8a+b+c+d	l)	\$	3,408				3,40
9. Rental payments on leased real property l	ess			:			
real estate taxes included in item 10b		\$	69,600		 	 	69,60
10. Property Taxes							
a. Real estate taxes paid by owner		\$			 		1100
b. Real estate taxes paid by lessor		\$	14,821		 		14,82
c. Personal property taxes		\$	1,471				1,47
11. Total Property Expenses (7e + 8e + 9 +	10)	\$	100,650				100,65

^{*} Amounts entered in these items must agree with detail on Schedule for Depreciation and Amortization Page 23 and Page 24.

Schedule of Other Repairs and Maintenance

- · · ·	CCNH	RHNS	Residential Care Home
Description			
		14 14 14 14 14 14 14 14 14 14 14 14 14 1	
		1.4	
		\$ -	\$
Total Other Repairs and Maintenance	\$ -	Ψ	1 *

State of Connecticut Annual Report of Long-Term Care Facility CSP-23 Rev. 10/2006

				Deprec	Depreciation Schedule	hedule				4	
Name of Facility High Chase, LLC			<u> </u>	License No. 1871	T.		Report for Year Ended 09/30/15	papu		Page 23	of 37
				Historical	,		Accumulated	Mathoda			
				Cost Exclusive of	Salvage	Cost to Be	Depreciation to Beginning of		Useful	Depreciation	
Property Item				Land	Value	Depreciated	Year's Operations	Depreciation	Life	for This Year	Totals
A. Land Improvements						,	,	č	,	73.	
1. Acquired prior to this report period				14,193		14,193	121	SL	Various	1,130	
2. Disposals (attach schedule)											
3. Acquired during this report period (attach schedule)	ch schedule)						And the state of t	A DELL'A COLLEGE	Strategie (total (control	CONTRACTOR (See)	
A-4. Subtotal											1,156
B. Building and Building Improvements											
1. Acquired prior to this report period											
2. Disposals (attach schedule)											
3 Aconired during this report period (attach schedule)	ch schedule)										
			2.0								
D-t. Submissi				A CONTRACTOR OF THE PROPERTY O							
_				42 716		53.716	730	SI	Various	5,486	
 Acquired prior to this report period 				012,00		124.00					100 100 100 100 100 100 100 100 100 100
2. Disposals (attach schedule)											
3. Acquired during this report period (attach schedule)	ch schedule)							TASSORTICEN	S SO THE SECTION OF		
C-4. Subtotal			382								5,480
	Is a mileage logbook		Date of	Historical			Accumulated				
	maintained?		Acquisition	Cost	Less		Depreciation to	Method of	_		
				Exclusive of		Cost to Be	Beginning of	Computing	Useful	Depreciation for This Year	Totals
	Yes No	Month	Year	Land	value	Deprecialeu	72	100		2000	
D. Movable Equipment											
1. Motor Venices (Specify manie, moder											
a. 2013 Mercedes	×	4	2015	38,559		38,559		SL	5	3,856	
b.											
C.											
d.							III. JA NAMERI A VALVANA A ALIAN SI HAMBAN A MARANA MARANA MARANA MARANA MARANA MARANA MARANA MARANA MARANA MA	The state of the s	CONTRACTOR CONTRACTOR	AND THE RECOGNITION OF THE PROPERTY OF THE PRO	
2. Movable Equipment								14.268			
a. Acquired prior to this report period				10,006		10,006	355	SL	Various	827	
b. Disposals (attach schedule)				A CONTRACTOR OF THE PARTY OF TH	Sea Contractor Contrac	ADJUST STEEL	CALL STATE OF THE	70 State of Control of			
c. Acquired during this report period											
(attach schedule)			and applicant frequency	の かんしょう かんかん 日本の かんかん 日本の かんかん かんかん かんかん かんかん かんかん かんかん かんかん かん	AN HOUSE BUILDING THE COMMENT	Specific Control of the last o					4 708
D-3. Subtotal											11.250
E. Total Depreciation											11,530

High Chase, LLC 09/30/15

Total deletions for Non-Moyable Equipment

*Ties to Page 23, Line C3
**Ties to Page 23, Line C2

	nprovements Acquired during this report period		Useful	Denvectation
quisition Date	Description of Item	Cost	Life	Depreciation
ditions:				:
t i additions for	Land Improvements	\$ -		\$ -
	Eath Improvements			
letions:		N .		
		2 1 2 1 2 2		
				
				\$
tal deletions for	Land Improvements	\$		-
Ties to Page 23,				
Ties to Page 23,	Line A2			
hedule of Buildi	ng Improvements Acquired during this report period		Useful	
	Description of Item	Cost	Life	Depreciation
quisition Date	Description of Acid			<u> </u>
iditions:		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
			<u> </u>	
·				
		1	<u> </u>	6
otal additions fo	Building Improvements	\$ -		\$ -
eletions:				11.00
Ciciona,				
				+
		 		\$ -
otal deletions fo	Building Improvements			
*Ties to Page 23				
*Ties to Page 23 *Ties to Page 23	, Line B2			
*Ties to Page 23 *Ties to Page 23			Useful	
*Ties to Page 23 *Ties to Page 23 Schedule of Non-	, Line B2 Movable Equipment Acquired during this report period	Cost	Useful Life	Depreciatio
*Ties to Page 23 *Ties to Page 23 Schedule of Non- Acquisition Date	, Line B2	Cost	Life	Depreciatio
*Ties to Page 23 *Ties to Page 23 schedule of Non- Acquisition Date	, Line B2 Movable Equipment Acquired during this report period		Life	
*Ties to Page 23 *Ties to Page 25 Schedule of Non- Acquisition Date Additions:	, Line B2 Movable Equipment Acquired during this report period		Life	
*Ties to Page 23 *Ties to Page 23 schedule of Non- Acquisition Date	, Line B2 Movable Equipment Acquired during this report period Description of Item		Life	
*Ties to Page 23 *Ties to Page 25 Schedule of Non- Acquisition Date Additions:	, Line B2 Movable Equipment Acquired during this report period Description of Item		Life	
*Ties to Page 23 *Ties to Page 25 Schedule of Non- Acquisition Date Additions:	, Line B2 Movable Equipment Acquired during this report period Description of Item		Life	
*Ties to Page 23 *Ties to Page 25 Schedule of Non- Acquisition Date Additions:	, Line B2 Movable Equipment Acquired during this report period Description of Item		Life	
*Ties to Page 23 *Ties to Page 23 chedule of Non- acquisition Date additions:	, Line B2 Movable Equipment Acquired during this report period Description of Item		Life	
*Ties to Page 23 *Ties to Page 25 schedule of Non- Acquisition Date Additions:	, Line B2 Movable Equipment Acquired during this report period Description of Item	\$	Life	\$
*Ties to Page 23 *Ties to Page 25 schedule of Non- Acquisition Date Additions:	, Line B2 Movable Equipment Acquired during this report period Description of Item		Life	
*Ties to Page 23 *Ties to Page 25 chedule of Non- equisition Date edditions:	Movable Equipment Acquired during this report period Description of Item or Non-Movable Equipment	\$	Life	S =
*Ties to Page 23 *Ties to Page 23 Schedule of Non- Acquisition Date Additions:	Movable Equipment Acquired during this report period Description of Item Or Non-Movable Equipment	\$	Life	\$

Schedule of Movable Equipment Acquired during this report period

Schedule of Movable E Acquisition Date	quipment Acquired during this report per Description of Iten		Cost	Useful Life	Depreciation
Additions:			L		· · · · · · · · · · · · · · · · · · ·
I I I I I I I I I I I I I I I I I I I					
					
				<u> </u>	
				<u> </u>	
	· · · · · · · · · · · · · · · · · · ·			19 P. C. C.	Array a second
		·	\$ -		\$ -
Fotal additions for Mo	ovable Equipment				
Deletions:					
			1		
			ļ.————		
					
		· ·			
			1		⅃
				L	
	ovable Equipment		\$ -		\$ -

^{*}Ties to Page 23, Line D2c

Schedule of Leasehold Improvements Acquired during this report period

	provements Acquired during this report period Description of Item		Cost	Useful Life	Depreciation
Acquisition Date	Description of item	-			
Additions:				1.0	
				100	1
					7 - 7 - 7 - 7
					
		:	Section 1		
Total additions for Lease	shold Improvement		\$ -		<u>\$</u> -
	noxi improvement				
Deletions:					
	······································				
		<u> </u>			
				1 or 150	
					\$
Total deletions for Lease	shold Improvement	•	\$		4

^{*}Ties to Page 24, Line C3

^{**}Ties to Page 23, Line D2b

^{**}Ties to Page 24, Line C2

Annual Report of Long-Term Care Facility CSP-24 Rev. 10/2006 State of Connecticut

Amortization Schedule*

		T : T		Report for Year Ended	r Ended	-	Page	of
Name of Facility		License 190.		09/30/15			24	37
High Chase, LLC				Accumulated		<u>-</u>		
	Date of			Amort. to				
	Acquisition			Beginning of	Basis for	f		
		Length of	Cost to Be	Year's	Computing		Amortization	
Itom	Month Year	Amortization	Amortized	Operations	Amortization**	%	for This Year	l otals
nse								
2.								
3.		A CONTRACTOR OF THE CONTRACTOR	STATE OF THE PARTY					
A-4 Subtotal								
B. Mortgage Expense								
2.								
3.				SECTION SECTIONS SECTION SECTI				
B-4. Subtotal								
C. Leasehold Improvements and Other		_	1		Į.	Vario	3 408	
1. Acquired prior to this report period		Various	60,665	117		, all to		
2. Disposals (attach schedule)		Control of the Contro						
3. Acquired during this report period								
(attach schedule)		238 (PALTER)	A STATE OF THE PARTY OF THE PAR					3.408
C-4. Subtotal								3.408
D. Total Amortization								
* Straight-line method must be used.								

* Straight-line method must be used.

** Specify which of the following bases were used:

A. Minimum of 5 years or 60 months.

B. Life of mortgage; OR

C. Remaining Life of Lease; OR

D. Actual Life if owned by Related Party.

C. Expenditures Other Than Salaries (cont'd) - Property Questionnaire

Name of Facility	License No.	Report for Year End	led		Page of 25 37
High Chase, LLC	1871	09/30/15			
11. Property Questionnaire					
Part A Is the property either owned by	the Facility	O 77	0 N		f "Yes," complete Part B.
Is the property either owned by	k	⊙ Yes	O I	· I	f "No," complete Part C.
or leased from a Related Party?* *If any owner or operator of this	c. 11 to the alloted by for	mily marriage, ownership, abil	ity to control or		
*If any owner or operator of this to business association to any person	n or organization from	whom buildings are leased, the	en it is considered		
a related party transaction.					
Description		Total			
1. Date Land Purchased					
2. Date Structure Completed				a constitution	
3. If NOT Original Owner, Da	ate of Purchase	03/28/14			
4. Date of Initial Licensure		03/28/14	14		
5. Total Licensed Bed Capacit	ty	36			
6. Square Footage					
7. Acquisition Cost					
a. Land					
b. Building					4th Mortgage
Part B - Owner and Related	Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgago
1. Financing					
a. Type of Financing (e.g.	, fixed, variable)				
b. Date Mortgage Obtaine	ed	03/31/14			
c. Interest Rate for the Co	st Year	6.00%	 	 	
d. Term of Mortgage (nur	nber of years)	10			
e. Amount of Principal B	orrowed	340,000		~ 	<u> </u>
f. Principal balance outst	anding as of	302,452			
Complete if Mortgage wa	as Refinanced				
During Current Cost	Year		O Carlos Mr. Maria		
g. Type of Financing (e.g	, fixed, variable)				
h. Date of Refinancing			<u> </u>		
i. New Interest Rate					
i. Term of Mortgage (nu	mber of years)				
k Amount of Principal B	orrowed				
1 Dringing Outstanding	on Note Paid-Off		<u> </u>	<u> </u>	<u> </u>
Part C - Arms-Length L	eases for Real Pro	perty Improvements Or	aly	m -61	Annual Amount of Leas
Name and Address of Le	essor	Property Leased	Date of Lease	Term of Lease	e Annual Amount of Leas
Traine and the					
				1	
				 	
		_			
•				<u> </u>	
				 	
				<u> </u>	<u></u>

Note: Be sure required copies of leases are attached to Page 25 and real estate taxes paid by lessor are included on Page 22, Item 10b.

C. Expenditures Other Than Salaries (cont'd) - Interest

Name of Facility	icense No.		Report for Ye	ar Ended		Page	of
High Chase, LLC	1871		09/30/15			26	37
rigii Çilaso, 2220							ntial Care
Item			Total	CCNH	RHNS	H	ome
12. Interest	· · · · · · · · · · · · · · · · · · ·						
A. Building, Land Improvement	ent & Non-Movabl	е			-		
Equipment		\$					
1. First Mortgage	<u> </u>	Rate					
Name of Lender		Rate					
Address of Lender							
2. Second Mortgage		\$				w ersel sales	
Name of Lender		Rate					
Address of Lender	-						
3. Third Mortgage		9	8				
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage			\$				
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Informatio	n						
Original Loan Amoun	<u>t</u>		\$				
2. Loan Origination Date	·						
3. Interest Rate %				_			
4. Term							
5. CHEFA Interest Expe				_		_	
12 B7. Total Building Interest Expe	nse (A1 - A4 + B	5)	\$	rry Subtotals	a formunad to	navt na	ge)

C. Expenditures Other Than Salaries (cont'd) - Interest and Insurance

lame of Facility	License No.			Report for 09/30/15	Year Ended		Page of 27 37
ligh Chase, LLC	10/1				T		Residential
				Total	CCNH	RHNS	Care Home
lte.	em Subtote	le Broug	ght Forward:	1000			
11. 17.	Subtota	115 151048	5111 1 01 1141 41				
2. C. Movable Equipment	ant		\$	509	9		50
1. Automotive Equipm	ent	Rate	Amount				and the second
A. Item 2013 Mercedes-Ben	z C300W4	2.99%	36,509				
	2 0300 1						
ender Mercedes-Benz Financial Service	es.			100			
Address of Lender							
PO Box 997548Sacramento, CA	95899-7542						
2. Other (Specify)			9				4
A. Item		Rate	Amount				To be the
73. 10011							
Lender							
Zendei							
Address of Lender							
Address of Boliston							
B. Item		Rate	Amount				
5. 2001							
Lender							
Londor							
Address of Lender							
12. C. 3. Total Movable Equ	ipment Intere	st					5
Expense $(C1 + 2)$				* 1	09		1,0
12. D. Other Interest Expense	e (Specify)			\$ 1,0	90		
WORKING CAPITAI							
				n 1.6	00		1,5
13. Total All Interest Expense	e (12B7 + 12C	13 + 12L))	\$ 1,5	99		
14 Insurance				\$ 6,2	16		6,2
a. Insurance on Property	(buildings or	ıly)			935		9
h Insurance on Automo	biles			D	733		
c. Insurance other than I	Property (as s	pecified	above)	•			
1. Umbrella (Blanket	Coverage)			\$ 9,5	503		9,5
2. Fire and Extended	Coverage			\$ 9,0	,03		
3. Other (Specify)				Ψ			
		, ,		\$ 16,0	654	AND THE PROPERTY OF THE PARTY O	16,
14d. Total Insurance Expendi	tures (14a +	$\frac{(b+c)}{(a)}$		\$ 938,2			938,
15. Total All Expenditures (A	4-13 thru C-1	4)		Ψ 936,2			

D. Adjustments to Statement of Expenditures

<u> </u>	.FT.	ailita.		Lic	ense No.	Report for Yo	ear Ended	Page	of 37
ame	Ob	cility			1871	09/30/15		28	31
ign	Chase	, LLC			Total			,	· 10
	т.	ļ.,		:	Amount of			1	ntial Care
		Line	Item Description		Decrease	CCNH	RHNS	H(ome
lo.	No.	No.							Or Mr. A
	10 - 2	Salarie	es and Wages Outpatient Service Costs	\$					
1.	 	ļ	Salaries not related to Resident Care	\$					
2.		-	Occupational Therapy	\$					
3.	<u> </u>	ļ	Other - See attached Schedule	\$				a an annual consistent	
4.	<u></u>	<u> </u>							
		Profes.	sional Fees Resident Care Physicians **	\$				<u> </u>	
5.	——	—	Resident Care Physicians	\$				<u> </u>	
6.		↓	Occupational Therapy	<u> </u>					
7.			Other - See attached Schedule						
age	es 15 c	<u>& 16 -</u>	Administrative and General	\$	2000 may 200			<u> </u>	
8.			Discriminatory Benefits	- 4					
9.		<u> </u>	Bad Debts		B				
10			Accounting & Legal		B				
11			Telephone		\$				
12			Cellular Telephone		P				建物学
13			Life insurance premiums on the life		\$				
			of Owners, Partners, Operators		\$				
14			Gifts, flowers and coffee shops		D .				
15	i		Education expenditures to colleges or						
			universities for tuition and related costs		r)				
			for owners and employees		\$				
16	5.		Travel for purposes of attending						
			conferences or seminars outside the						
			continental U.S. Other out-of-state					Carlo Paragraphic Contracts	<u> </u>
			travel in excess of one representative		\$				
1	7.		Automobile Expense (e.g. personal use)		\$			+	
18			I Inallowable Advertising *		\$				
19			Income Tax / Corporate Business Tax		\$			_	
2		_	Fund Raising / Contributions		\$				
$\frac{-2}{2}$		_	Unallowable Management Fees		\$				
	2.		Barber and Beauty		\$			_	1,7
_	3.		Other - See attached Schedule		\$ 1,75	98		44	
Pa	00 18	- Diet	ary Expenditures						
	4.		Meals to employees, guests and others						2000
	7.1		who are not residents		\$				
Da	00 19	_ Lau	ndry Expenditures						3 h / -
_	25.		Laundry services to employees, guests						
4	·	1	and others who are not residents		\$	ALCO SOLUTIONS			T E SE
P	00 20	_ Hou	sakaaning Eynenditures		31, 25 C				
		- 1104	Housekeeping services to employees, gues	ts					
4	26.		and others who are not residents		\$				1,7
<u> </u>			Subtotal (Items 1 -	26)	\$ 1,7	798	tal forward to r		

* All except "Help Wanted".

** Physicians who provide services to Title 19 residents are required to bill the Department of Social Services directly for each individual resident.

Schedule of Other Salaries Adjustment

						CCNH	RHNS	Care Home
age Ref	Line Ref	Description	 				4.5	
	·		 			100		
			 					
			 			-		
			 					
			 <u> </u>					
		Adjustment	 			s -	\$ -	\$ -

Schedule of Fees Adjustments

			CCNH	RHNS	Residential Care Home
Page Ref	Line Ref	Description			
					<u>-</u>
. 4					
			Leny Yaling		
			\$	\$ -	<u> \$ - </u>
Total Othe	er Fees Ad	ustments	_ 		

Schedule of Other A&G Adjustments

			CCNH	RHNS	Residential Care Home
Ref Line Ref	Description				\$ 207
16 L7	Automotive Expense - (Personal Use Adj)				\$ 1,15
22 7d	Depreciation Adj - (Personal Use)				\$ 28
27 14b	Insurance Expense (Personal Use)				\$ 15
27 c1	Interest Expense (Personal Use)				
		<u> </u>			
			e -	\$ -	\$ 1,79
l Other A&G Ac	ljustments		\$	<u> </u>	<u> </u>

Adjustments to Statement of Expenditures (cont'd)

			D. Adjustments to Statemen	IL	or Expend	litui.	es (co	an Tadad	D	age	0	f
Iame	of Fa	cility	*	Lic	ense No.	Kepc	it for r	ear Ended		age !9	37	
		, LLC			1871	09/30	J/15 1		1 -	7	<u> </u>	
15.1	7	,		1	Total				D.	esiden	tial C	'are
em	Page	Line			Amount of		ON 77 Y	RHNS	IV.		ome	,,,,,,
	No.		Item Description		Decrease	+	CNH	Kriivo	十			798
10.			Subtotals Brought Forward	\$	1,798	2 7 204 746	essanti vii				archite.	
Page	20 - I	Reside	nt Care Supplies***		* 65 # 7	T. Kar			Will service			
27.	1		Prescription Drugs	\$		-			╁			
28.		-	Ambulance/Limousine	\$		 			╁			
29.		-	X-rays, etc	\$		 			╁			_
30.	 	 	Laboratory	\$		 			十			
31.	 		Medical Supplies	\$					+			
32.		 	Oxygen (non emergency)	\$					+-			
33.	-		Occupational Therapy	\$					+			
34.		+	Other - See Attached Schedule	\$		es sease.						1919
Раді	o 22	Maint	onance and Property						数量			
35.		T	Excess Movable Equipment Depreciation		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				2 ×			
55.			See Attached Schedule	\$		rel Rales	a zem sen			2 468		
36	1		Depreciation on Unallowable									
50	`		Motor Vehicles	3		F1 40 04				de V	X6.94	
37	+		Unallowable Property and Real									
٠,			Fstate Taxes	9					╁			
38	-	+	Rental of Building Space or Rooms		5				\dashv			
39		┼─	Other - See Attached Schedule		S	976 (818) W		4 - 34 (* 55 - 25 M)				温暖
		Insur					nits de		300	A COUNTY		
4(T	Mortgage Insurance		\$				\dashv		<u></u>	
41			Property Insurance		\$	ere eksen	A - 2 - 2 - 2					
		Tiscell	aneous						92			
42	$\overline{}$		Research or Experimental Activities	_	\$				\dashv			
4			Radio and Television Revenue		\$				\dashv			
4			Vending Machine Revenue		\$				\dashv			
4			Purchase Discounts and Allowances		\$							
4	_	+-	Duplications of functions or services		\$	5 SE 15 SE				Land S		
	7.		Expenditures made for the protection,		W Late							
'			enhancement or promotion of the									
			providers interest		\$			 				-
4	8.		Interest Income on Accounts Rec		\$							
	9.		Other (include personnel and other									
.			costs unrelated to resident care) - See									
			Attached Schedule		\$	200	216.30					
N	ot For	Profit	Providers Only									
	50.		Building/Non Movable Eq. Depreciation	l								
`			Unallowable Building Interest -						\$10.500			- HOLE
			See Attached Schedule nount of Decrease (Items 1 - 50)		\$ 1,7	98						1,7

^{***} Items billed directly to Department of Social Services and/or Health Services in CT, or other states, Medicare, and private-pay residents. Identify separately by category as indicated on Page 20.

Schedule of Other Ancillary Costs

			CCNH	RHNS	Residential Care Home
ge Ref	Line Ref	Description		\$	
•			Althorope Co.		
				The Straight of	
	er Ancillar		\$ -	\$	\$ -

Schedule of Excess Movable Equipment Depreciation

Ref	Line Ref	Description	CCNH	RHNS	\$
22		Vehicle Deprec			
					
	<u> </u>				1
					: Y
		e Equipment Depreciation	¢ -	\$	\$

Schedule of Other Property Adjustments

			CCNH	RHNS	Residential Care Home
Page Ref	Line Ref	Description			
					The second second
				4.	<u> </u>
					1 50 1.3V 11 10 10 10 10 10 10 10 10 10 10 10 10 1
	100				
		y Adjustments	\$ -	\$	\$ -

			CCNH _	RHNS	Residential Care Home
ge Ref	Line Ref	Description			
B					
					T
	<u> </u>				
	T				
			 		
	+		e -	\$ -	\$

Schedule of Unallowable Building Interest

				CCNH	RHNS	Residential Care Home
ge Ref	Line Ref	Description	 			
<u> </u>			 			
			 			1 200
	 					
					100	
				-		
	 					
	 	† · · · · · · · · · · · · · · · · · · ·		-	9	s -

F. Statement of Revenue

SP-30 Rev.10/2003	F. Statement of Reve	enue				Page	of
ame of Facility	License No.	Re	port for Yo	ar Ended		30 l	37
igh Chase, LLC	1871	109	/30/15				tial Care
igit Chase, 525				CONTI	RHNS		me
	Item	0596	Total	CCNH	KINS		
Resident Room, Board & Routin	ne Care Revenue						981,257
1. a. Medicaid Residents (CT or		\$	981,257				961,231
b. Medicaid Room and Board	Contractual Allowance **	\$					
2. a. Medicaid (All other states)	\$			<u> </u>		
2. a. Medicaid (All other states	pard Contractual Allowance **	\$					
3. a. Medicare Residents (all in	clusive)	\$					
b. Medicare Room and Board	d Contractual Allowance **	\$		<u></u>		 	00.000
b. Medicare Room and Board	Other	\$	92,860			 	92,860
4. a. Private-Pay Residents and	ord Contractual Allowance **	\$					
b. Private-Pay Room and Bo	ard Contractual Allowance **						
I. Other Resident Revenue		\$	The state of the s		<u></u>	<u> </u>	
1. a. Prescription Drugs - Med	icare	\$				<u> </u>	
b. Prescription Drugs - Med	icare Contractual Allowance **	\$			<u></u>	<u> </u>	
c. Prescription Drugs - Non-	-Medicare	\$				<u> </u>	
d. Prescription Drugs - Non-	Medicare Contractual Allowance **	\$					
2 a Medical Supplies - Medic	care	\$					
b. Medical Supplies - Medical	care Contractual Allowance **	- \$		 		Ī	
a Medical Supplies - Non-	Medicare	- \$		 	1		
d. Medical Supplies - Non-l	Medicare Contractual Allowance **	\$		+			
2 o Physical Therapy - Medic	care			 	-		
b. Physical Therapy - Medi-	care Contractual Allowance **	\$		+			_
a Physical Therapy - Non-	Medicare	\$		-	+	1	
d Physical Therapy - Non-	Medicare Contractual Allowance **	\$			 -	1	
4 a Speech Therapy - Medic	are	\$				-	
h Speech Therapy - Medic	are Contractual Allowance **	\$					
o Speech Therapy - Non-N	Aedicare	\$					
d Speech Therapy - Non-N	Medicare Contractual Allowance **	\$			+	_	
5 a Occupational Therapy -	Medicare	\$			 		
b. Occupational Therapy	Medicare Contractual Allowance **	\$					-
Occupational Therapy	Non-Medicare	\$				-	
e. Occupational Therapy	Non-Medicare Contractual Allowance **	\$_					
6. a. Other (Specify) - Medic	are	\$				_+-	
b. Other (Specify) - Non-A	Medicare	\$	<u> </u>				
III. Total Resident Revenue (Sc	ction I thru Section II.)	\$	1,074,11	7	ASS ARRIVALED		1,074,1
III. Total Resident Revenue (Sc	OHOHA						
IV. Other Revenue*	Or others	\$					
1. Meals sold to guests, empl	oyees & onlers	\$					
2. Rental of rooms to non-res	adents	\$					
3. Telephone	2.11. Caminos	\$					
4. Rental of Television and C	able Services	9		39			
5. Interest Income (Specify)							
6. Private Duty Nurses' Fees			<u>s</u>			_	
7. Barber, Coffee, Beauty an	d Gift shops		s				
8. Other (Specify)				39			
V. Total Other Revenue (1 thru	8)						1,074,
VI. Total All Revenue (III+V)			\$ 1,074,1	56		니	1,017

^{*} Facility should off-set the appropriate expense on Page 28 or Page 29 of the Cost Report.

^{**} Facility should report all contractual allowances and/or payer discounts.

Schedule of Other	Resident	Revenue -	Medicare
-------------------	----------	-----------	----------

Related	Exp
---------	-----

•	CCNH	RHNS	Residential Care Home
e Ref Description	4 1		
	1. 1.		
		6.	
	T 1 19 14.		
	1 1		
tal Other Resident Revenue - Medicare	\$ -	\$	\$

Schedule of Other Non-Medicare Resident Revenue

Related Exp

							CCNH	RHNS	Residential Care Home
	 	 							
	 	 				= ::-	77, 57		
·	 	 				4 6 6 6 6	a type after		
	 <u> </u>	 				5.7	100		
•	 	 							100
	 <u>.</u>	 	<u> </u>				S	\$ -	\$ -

.. Interest Income

Account

			Balance	CCNH _	RHNS	Residential Care Home
Page Ref Account			96,052		<u> </u>	\$ 39
						19 72 111
				\$	\$ -	\$ 39
Total Interest Income						

Schedule of Other Revenue

		CCNH RHNS	Residential Care Home
age Ref	Description		
			· <u> </u>
			5 .
	T		
		s - s	- \$ -
Cotal Oth	ner Revenue		

G. Balance Sheet

Name of Facility	License No.		for Year Ended	Page 31	of 37
High Chase, LLC	1871	09/30/1	5		nount
ligh Chape,	Account			Ai	ilount
Assets					
A. Current Assets				10	135,041
a a low hand and in hanks				\$ \$	66,409
a B 1 A accounte Receivable	e (Less Allowance	e for Bad De	ebts)	\$	00,102
3. Other Accounts Receivable (I	Excluding Owners	or Related	Parties)	\$	
4 Inventories				\$	20,265
5. Prepaid Expenses			4.260	Ψ.	,_
a. Property Taxes			4,360		
b. Insurance			7,895		
c. Payroll Taxes			8,010		
d				\$	
6 Interest Receivable				\$	
7. Medicare Final Settlement R	eceivable			\$	
8. Other Current Assets (itemiz	e)			Ψ.	
0. 0 0					
				. A	221,715
A-9. Total Current Assets (Lines Al	thru 8)			\$	
B. Fixed Assets				6	
1. Land				<u> </u>	12,916
2. Land Improvements	*Historical Cos	st	14,193	4	12,710
Z. Eand Improven	Accum. Depre		1,277 Net	- lo	
3. Buildings	*Historical Co	st		\$	
5. Dullumga	Accum. Depre	ciation	Net		57,04
4. Leasehold Improvements	*Historical Co	st	60,665	\\$	57,040
4. Beasehold Improvement	Accum. Depre	ciation	3,619 Net		47,00
5. Non-Movable Equipment	*Historical Co	st	53,216	 \$	47,00
. 3. 14011-1410 value 24 a-p	Accum. Depre	ciation	6,216 Net		8,79
6. Movable Equipment	*Historical Co		10,006	 \$	0,77
6. Wovable Equipment	Accum. Depre	ciation	1,207 Net		34,70
7. Motor Vehicles	*Historical Co	ost	38,559	\$	34,70
/. Motor venteres	Accum. Depre	eciation	3,856 Net		
8. Minor Equipment-Not Dep				\\$	
				\$	
9. Other Fixed Assets (itemize	e)				
				\$	160,46
B-10. Total Fixed Assets (Lines	B1 thru 9)				

^{*} Historical Costs must agree with Historical Cost reported in Schedules on Depreciation and Amortization (Pages 23 and 24).

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ende	ed	Page 32	1	of 37
ligh Chase, LLC	1871	09/30/15			Amount	
	Account	- 10 1/15				82,179
		Total Brought Fo	rwaru.			02,177
C. Leasehold or like property record	ed for Equity Purp	ooses.	\$;		
1. Land	1871 . 1 10-4					
2. Land Improvements	*Historical Cost	ntion Net	t Is	3		
<u> </u>	Accum. Deprecia	ation				
3. Buildings	*Historical Cost	ation Ne	, [9	5		
	Accum. Deprecia	ation				
4. Non-Movable Equipment	*Historical Cost			\$		
	Accum. Depreci	ation	<u> </u>	<u> </u>		
5. Movable Equipment	*Historical Cost		₊	\$		
	Accum. Depreci	ation	<u> </u>	<u> </u>		
6. Motor Vehicles	*Historical Cost		.	\$		
o, motor v	Accum. Depreci	ation Ne		<u>\$</u>	<u> </u>	
7. Minor Equipment-Not Depre	eciable					
C-8 Total Leasehold or Like Proper	ties (C1 thru 7)			\$		
101 4			1	Ф		
D. Investment and Other Assets 1. Deferred Deposits				\$		
2. Escrow Deposits			!	\$		
3. Organization Expense	*Historical Cos	t	!			
3. Organization Expense	Accum. Deprec	et	\$			
G. 1 'II (Princhaged Only)				\$		
4. Goodwill (Purchased Only) 5. Investments Related to Resi	dent Care (itemize)		\$		
5. Investments Related to Resi	delle care (menne					
D Last	Dorting (itamiza)			\$		
6. Loans to Owners or Related	Amount	Loan Date				
Name and Address	Amount					
				\$		
7. Other Assets (itemize)						
			<u></u>	-		
				\$		
D-8. Total Investments and Other	4ssets (Lines D1 t	hru 7)		\$		382,1
D-9. Total All Assets (Lines A9 + I	310 + C8 + D8			<u>ΙΨ</u>		

^{*} Historical Costs must agree with Historical Cost reported in Schedules on Depreciation and Amortization (Pages 23 and 24).

G. Balance Sheet (cont'd)

Name of Faci	ility		License No.	Report for Yea	ar End	ed	Page 33	of 37
High Chase,	LLC		1871	09/30/15				nount
ngh Chase,			Account					lount
Liabilities	<u> </u>							
A.	Current	Liabilities					<u>\$</u>	9,787
	1. Trac	de Accounts Payable es Payable (itemize)					\$	
	2. Not	es Payaule (nemize)						
								
								
							Φ	6,747
	3 Log	ns Payable for Equipm	nent (Current portio	n)(itemize)	 	Date Due	φ	
		Name of Lender	Purpose	Amount		Date Duc		
				6	,747	09/30/16		
	Me	rcedes- Finan	Vehicle	Ĭ	,,,,			医多量 医多
					'			
								a de la sala de la
							2.06	
								0.70
		ccrued Payroll (Exclusi	\$	8,72				
	4. Ac	ccrued Payroll (Owner:	s and/or Stockholde	rs only)			\$	2,59
	5. A	ccrued Payroll Taxes P	avable				\$	<u> </u>
	6. A	ledicare Final Settleme	nt Pavable				\$	
	7. M	ledicare Final Settleme ledicare Current Finance	ring Pavable				\$	
		Curr	ent Portion)				\$	
	9. M	nterest Payable (Exclusion	ive of Owner and/or	Related Parties)			\$	
	10. In	ccrued Income Taxes*					\$	23,72
	11. A	Other Current Liabilities	(itemize)				\$	23,12
		T Sales Tax	,	144			_	
			_					
		Resident funds 12,071 Pension 11,511						
							\$	51,5
	13. Total	l Current Liabilities (I	ines A1 thru 12)				14	

^{*} Business Income Tax (not that withheld from employees). Attach copy of owner's Federal Income Tax Return.

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

`	y, palance one		,			
	License No.	Re	port for Year E	Ended	Page	of
lame of Facility	1871		/30/15		34	37
figh Chase, LLC		107			An	nount
	Account		Total Brought	Forward:		51,575
			10111 270-8			
iabilities (cont'd)						
P Long-Term Liabilities	. (!!!)				\$	26,388
Loans Payable-Equipmen	t (itemize)		Amount	Date Due		
Name of Lender	Purpose		7 Into use			
•			- 1 - 2 - 2	2/20/21		
Mercedes- Finan	Vehicle		26,388	3/30/21		
Merodas -						
· ·						
				<u> </u>	¢.	
2. Mortgages Payable					\$	79,143
3. Loans from Owners or F	Related Parties (item	ize)			ψ	, , ,
Name and Address of Lender	Amount		Loan D	Date		
Name and red.						
		ļ				
						10.00
T 9- W Doolty	3,	,511	open			
I & K Realty						
		l				
_	75	,632	open			
K & J Bhogal	13	,052	opexi			
					\$	
4. Other Long-Term Liab	ilities (itemize)					
						1. A 35. C
					\$	105,5
B-5. Total Long-Term Liability	es (Lines B1 thru 4))			\$	157,1
C. Total All Liabilities (Line	s A-13 + B-5)					

G. Balance Sheet (cont'd) Reserves and Net Worth

	ne of Facility	License No.	Report for Year 09/30/15	ar Ended	Page 35	of 37
Higl	n Chase, LLC	1871	09/30/13			ount
		Account				
A.	Reserves	ad land.			 \$	
	1. Reserve for value of lease	ed falld.	1' and annuation	onces		
	2. Reserve for depreciation	value of leased build	ings and appuren	ances	\ \$	
	to be amortized					
•	3. Reserve for depreciation	value of leased pers	onal property (Equ	ity)	\$	<u></u>
	4. Reserve for leasehold rea	al properties on whic	h fair rental value	is based	\$	
	5. Reserve for funds set asi				\$	
	6. Total Reserves				\$	
—- В.	Net Worth					
٥.	Owner's Capital				\$	
	2. Capital Stock				\$	
	3. Paid-in Surplus				\$	
	4. Treasury Stock				\$	
<u></u>	5. Cumulated Earnings				\$	89,19
į	6. Gain or Loss for Period	10/0)1/14 thru	09/30/15	\$	135,87
					\$	225,07
-	7. Total Net Worth			.		005.05
C.	Total Reserves and Net We	orth			\$	225,07
D.	Total Liabilities, Reserves,	and Not Worth			\$	382,17

H. Changes in Total Net Worth

CD 114	License No.	Report for Year En	ded	Page	of 37
lame of Facility	1871	09/30/15		36	
ligh Chase, LLC	Account				mount
	eriod as shown on Report of	of 09/30/2014	9		89,197
Balance at End of Prior Po	triod as shown on Report))	9		1,074,156
3. Total Revenue (From Sta	tement of Revenue Page 30 n Statement of Expenditure.	s Page 27)	9		938,280
C. Total Expenditures (Fron	A Statement of Experiences			\$	135,876
D. Net Income or Deficit			9	\$	225,073
3. Balance					
Additions 1. Additional Capital Co	ontributed (<i>itemize</i>)				
2. Other (itemize)		. =00			
Auto use adj		1,798			
				\$	1,79
F-3. Total Additions					
G. Deductions	10 In Dartners (Snaci	ifv)		\$	
1. Drawings of Owner	s/Operators/Partners (Speci	Title	Amount		
Name and Address	(No., City, State, Zip)			tr.	
2. Other Withdrawing	s (Specify)			\$	
	urpose	Amou	ınt		
	urpese				
3. Total Deductions				\$	226,8
H. Balance at End of Per		9/30/15		\$	220,0

I. Preparer's/Reviewer's Certification

License No.	Report for Year Ended 09/30/15	Page of 37 37			
Supervision only (RHNS)					
Preparer/Reviewer Certification	ation				
and State issued field audit reports for the ible inclusion in this report of expenses on the inclusion in this report of expenses of which I am aware rate computation system) as a result of retail as such in this report on Pages 28 and the inclusion in this report on Pages 28 and in this report of the inclusion in this report of expenses the inclusion in this report of the inclusion in the inclusio	which are not reimbursable under (except those expenses known the eading reports, inquiry or other send 29 (adjustments to statement of	the o be ervices			
Title	Date Signed				
Chronic and Convalescent Nursing Home only (CCNH) Rest Home with Nursing Supervision only (RHNS) Preparer/Reviewer Certific I have prepared and reviewed this report and am familiar with the applic I have read the most recent Federal and State issued field audit reports for the appropriate personnel as to the possible inclusion in this report of expenses applicable regulations. All non-reimbursable expenses of which I am award automatically removed in the State rate computation system) as a result of a performed by me are properly reported as such in this report on Pages 28 and expenditures). Further, the data contained in this report is in agreement with me, by the Facility.	1/13/16				
	Phone Number				
	A HORO TAMES				
	860-666-5942	860-666-5942			
	Rest Home with Nursing Supervision only (RHNS) Preparer/Reviewer Certificate and State issued field audit reports for the lible inclusion in this report of expenses inbursable expenses of which I am aware rate computation system) as a result of reted as such in this report on Pages 28 and stained in this report is in agreement with	Rest Home with Nursing Supervision only (RHNS) Preparer/Reviewer Certification sereport and am familiar with the applicable regulations governing its preparent State issued field audit reports for the Facility and have inquired of hible inclusion in this report of expenses which are not reimbursable under an abursable expenses of which I am aware (except those expenses known the rate computation system) as a result of reading reports, inquiry or other setted as such in this report on Pages 28 and 29 (adjustments to statement of attained in this report is in agreement with the books and records, as provided the computation of the c			

Error Check

Reported as

Item

Level

01/08/16 Accrual Basis

HIGH CHASE, LLC Trial Balance As of September 30, 2015

	Sep 30,	15
	Debit	Credit
	0.00	
HC - Petty Cash	26,942.85	
HC - NEWALLIANCE BANK- Ckg	96,051.81	
HC - NewAlliance Bank - Savings HC - RCH RESIDENT'S FUNDS	12,046.49	
Accounts Receivable	66,408.15	
A/R Clearing	0.00	
Employee Loan/Garn	0.00	
Prepaid Insurance	7,895.16	
Prepaid Payroll	8,010.64 4,359.37	
Prepaid Taxes	0.00	
Undeposited Funds	14.193.08	
FA:Land Improve	60,665.35	
FA:Leasehold Improvements	38,558.64	
FA:Automobile	10,006.46	
FA:Furniture and Equipment FA:Non-Movable Equipment:Kitchen	48,898.31	
FA:Non-Movable Equipment:Office	4,317.81	4 077 50
A/D:Land imp		1,277.50
A/D:LH		3,619.49
A/D:FF & E		1,207.01 6,215.53
A/D:N-M Equip		3,855.86
A/D:Auto	0.00	5,055.00
Home Depot Credit Card	0.00	9,786.83
A/P - Adj	0.00	4,
Accred P/R Taxes:State U/C	0.00	
Accrued Income Tax		11,314.83
Accrued Payroll		143.52
Accrued Sales Tax	0.00	
Patient Allowance Pension Liability		11,510.65
Resident Personal Funds:Resident - Bank Accounts		12,071.49
Loan - I & K Bhogal Realty		3,510.94
Loan - April Time RCH	0.00	CO 755 45
Loan - Bhogal		69,755.19 4,079.55
Loan -Bhogal Officer paid items		33,135.04
N/P - Auto		89,196.65
Retained Earnings	0.00	,
Residents	3.54	92,860.00
Residents:Private	756.29	•
Residents:State:Medicaid - Adj		30,822.18
Residents:State:Medicaid - Daily Residents:State:Medicaid - Monthly		951,191.48
1-Nursing:P/R - Attendants	119,262.52	
1-Nursing:Medical Supplies	53.16	
1-Nursing:Outside Services	110.00	
2-Plant:P/R - Maint	42,894.50	
2-Plant:Repairs and Maintenance	42,254.97	
2-Plant:Utilities:Utilities - Electricity	12,385.04 13,481.79	
2-Plant:Utilities:Utilities - Gas	7,486,41	•
2-Plant:Utilities:Utilities - Oil	7,068.66	
2-Plant:Utilities:Utilities - Water/Sewer	42,699.60	
3-Dietary:P/R - Kitchen	4,602.52	
3-Dietary:Dietary Supplies	67,107.66	
3-Dietary:Food	5,784.40	
4-Laundry:P/R - Laundry 4-Laundry:Laundry & Linnens	27.42	
4-Laundry:Purchased Services	36,860.00	
5-Hskpg:P/R - Hskpg	76,873.77	
5-Hskpg:Cleaning Supplies	0.00	
5-Hskpg:Housekeeping Supplies	12,172.12	
6-Activities:P/R - Recreation	17,681.50	
6-Activities:Cable	1,113.23	
6-Activities:Rec. Supplies	904.48 61,369.94	
7-Admin:P/R - Admin	0,,000.04	•

11:52 AM 01/08/16 Accrual Basis

HIGH CHASE, LLC Trial Balance

As of September 30, 2015

	Sep 30,	15
	Debit	Credit
	24,867.87	
7-Admin:P/R - Owner	17,681.49	
7-Admin:P/R - Office	•	
7-Admin:Automobile Expense	3,822.33	
7_Admin:Rank Service Charges	114.60	
7-Admin:Computer and Internet Expenses	1,661.44	
7-Admin:Dues and Subscriptions	967.26	2 074 72
7-Admin:Education Expense		2,674.72
7-Admin:Employee Travel	144.30	
7-Admin: Employee 71-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-	5,707.38	
7-Admin:Group Ins.:Health	87,945.60	
7-Admin:Insurance Expense	0.00	
7-Admin: Licenses and Permits	1,205.00	
7-Admin: Meals & Entertainment	396.82	
7-Admin: Weals & Effection meets	1,063.46	
7-Admin:Office Supplies	0.00	
7-Admin:Payroll Expenses	7,210.55	
7-Admin:Pension Expense:Pension - Employees	4,300.10	
7-Admin:Pension Expense:Pension - Owner	270.48	
7-Admin:Postage and Delivery	14,260.00	
7-Admin:Professional Fees:Accounting Expense	2,868.88	
7_Admin Professional Fees:Payroll Processing	1,003.00	
7-Admin:Professional Fees:Pension Admin	15,388.08	
7-Admin:Taxes:P/R - UC	2,916.30	
7-Admin:Taxes:P/R 940		
7-Admin:Taxes:P/R 941	31,263,91	
7-Admin:Telephone Expense	3,023.92	
7-Admin:Worker's Compensation	21,569.22	
8-Property:Auto Insurance	654.44	
8-Property:General Liability Insurance	6,215.50	
8-Property:Property Insurance	9,503.20	
8-Property: Rent - Building	69,600.00	
8-Property:Taxes - Property:Tx - Real Estate	14,820.53	
8-Property:Taxes - Property:Tx - Personal Property	1,471.30	
8-Property: Taxes - Property: Tx - Automobile	0.00	
9-Depre & Amort:Depr. Exp.:Deprec - Land Improve	1,156.32	
9-Depre & Amortibepi. Exp. Depres . LH	3,407.93	
9-Depre & Amort:Depr. Exp.:Deprec - LH	852.00	
9-Depre & Amort:Depr. Exp.:Deprec-FFE	5,486.14	
9-Depre & Amort:Depr. Exp.:Deprec - Equip (NM)	2,698.76	
9-Depre & Amort:Depr. Exp.:Deprec - Auto	238.65	
10-Interest	850.90	
10-Interest:Interest-financing	355.59	
10-Interest:Interest - Auto	000.00	38.9
Interest income		
TOTAL	1,338,267.35	1,338,267.35
TOTAL		

High Chase, LLC	•1-	High	Chase,	LLC
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	Medicaid Pg Ln	Stat	09/30/15 Rounded \$	
Description	9			
CASH				
CASH ON HAND - PETTY CASH CASH IN BANK - REG CHECKING CASH IN BANK - CENTRAL A/C CASH IN BANK - PAYROLL ACCOUNT CASH IN BANK - FU CHECKING CASH IN BANK - FU MM CASH IN BANK - SAVINGS CASH IN BANK-PATIENT TRUST ACC	31 a-1 31 a-1 31 a-1 31 a-1 31 a-1 31 a-1 31 a-1		0 26,943 0 0 0 0 96,052 12,046	135,041
ACCOUNTS RECEIVABLE				
PRIVATE MEDICARE MEDICARE CO-INS A MEDICARE CO-INS B WELFARE WELFARE AI PATIENTS PERSONAL FUNDS VETERANS OTHER RESIDENTIAL DAY CARE PAYROLL ADVANCES INTEREST RECEIVABLE RECEIVABLE - TAX REFUND STATE RECEIVABLE - TAX REFUND FEDERA Shareholders Exchange - 140 River Road ALLOWANCE FOR DOUBTFUL ACCOUNT	31 a-2 31 a-2		0 0 0 0 66,408 0 0 0 0 0 0 0 0	66,408
INTEREST RENT LICENSES REAL ESTATE TAXES PERSONAL PROPERTY TAXES SUPPLIES DO NOT USE LOAN FEES INSURANCE - Workers Comp INSURANCE - PROPERTY INSURANCE - LIABILITY INSURANCE - AUTO Payroll Taxes LAND LAND IMPROVEMENTS	31 a-5 31 a-5		0 0 0 3,655 705 0 0 (802) 4,777 2,985 935 8,011	20,266
PROPERTY PLANT & EQUIPMENT				

High Chase, LLC	Medicaid Pa Ln	Stat	Rou \$	09/30/15 inded	
Description	Pg Ln_		<u> </u>	_	
BUILDINGS	31 b-3			0 0	
BUILDING IMPROVEMENTS	31 b-3			0	
BUILDING ADDITION	31 b-3 31 b-4			60,665	
LEASEHOLD IMPROVEMENTS	31 b-5/6			0	
FIXED EQUIPMENT	31 b-6			10,006	
FURNITURE & EQUIPMENT OFFICE EQUIPMENT	31 b-5/6			0	
KITCHEN EQUIPMENT	31 b-5/6			0	
LAUNDRY EQUIPMENT	31 b-5/6			0 0	
NURSING EQUIPMENT	31 b-5/6			0	
HOUSEKEEPING	31 b-5/6			0	
MINOR EQUIPMENT	31 b-5/6 31 b-5/6			38,559	
VEHICLES	31 b-5			53,216	
Non-Movable Equipment CONSTRUCTION IN PROGRESS	31 b-9			0	176,639
ACCUMULATED DEPRECIATION					
LAND IMPROVEMENTS	31 b-2			(1,277)	
BUILDINGS	31 b-3			0	
BUILDING IMPROVEMENTS	31 b-3			0	
BUILDING ADDITION	31 b-3			0 (3,619)	
LEASEHOLD IMPROVEMENTS	31 b-4			(5,019)	
FIXED EQUIPMENT	31 b-5/6 31 b-6			(1,207)	
FURNITURE & EQUIPMENT	31 b-5/6) o	
OFFICE EQUIPMENT KITCHEN EQUIPMENT	31 b-5/6			0	
LAUNDRY EQUIPMENT	31 b-5/6			0	
NURSING EQUIPMENT	31 b-5/6			0	
MAINTENANCE & HOUSEKEEPING EQU	31 b-5/6			(3,856)	
VEHICLES	31 b-5/6			(6,216)	(16,175)
Non-Movable Equipment	31 b-5				(,
RENTAL PROPERTY - land			0	0 0	0
RENTAL PROPERTY - Building Net					
INTANGIBLES & DEFERRED CHARGES				0	
ORGANIZATION COSTS				0	
LEASE ACQUISITION COSTS	32 d-7			0	
REFINANCING LEASEHOLD	02 4 .			0	
ACCUMULATED AMORTIZATION					
ORGANIZATION COSTS				0	
LEASE ACQUISITION COSTS				0 0	
REFINANCING	32 d-7			U	
INVESTMENTS - STOCK				0	. 0
INVESTMENTS IN SUBSIDIARIES				0 _	382,179
					002,110

High Chase,	LLC
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High Chase, LLC	Medicaid		Rounded	
Description	Pg Ln	Stat	\$	
Description				
•			•	
ACCOUNTS PAYABLE				
	33 A-1		(9,787)	
TRADE ACCOUNTS	33 A-1		(12,071)	
Resident Funds INSURANCE PAYABLE	33 A-1		0	
A/P RECOUP - MEDICARE	33 A-8		0 0	(21,858)
A/P RECOUP - WELFARE	33 A-1		U	(21,000)
PAYROLL PAYABLE				
PAYROLL PAYABLE			(44.345)	
PAYROLL ACCRUED	33 A-4/5		(11,315) 0	(11,315)
PAYROLL CLEARING			Ü	(11,407-7
LIABILITY FOR PAYROLL WITHHOLD				
FICA (SOCIAL SECURITY)	33 A-6		0	
FICA (MEDICARE)	33 A-6		0 0	
FEDERAL INCOME TAX	33 A-6		0	
PENSION	33 A-12		0	
STATE INCOME TAX	33 A-6		0	
STATE DISABILITY INSURANCE (SD	33 A-6 33 A-12	•	0	
GRP INSURANCE	33 A-12		0	
WORKMAN'S COMPENSATION	33 A-12		0	
MEDICAL AID State Sales Tax	33 A-12		(144)	
STATE UNEMPLOYMENT (OR E.S.C.)	33 A-6		0	
PAYROLL SAVINGS PLAN	33 A-12		0 0	
GARNISHMENT	33 A-12		v	
EMPLOYER PAYROLL TAXES				
7104	33 A-6		0	
FICA ST U/C	33 A-6		0	
FED U/C	33 A-6		0	(144)
STATE UNEMPLOYMENT	33 A-6		O .	(11.7
PAYROLL BENEFITS ACCRUED				
GRP INS	33 A-12		0	
WORKER'S COMPENSATION	33 A-12		0	
VACATIONS	33 A-12		0	
BONUSES	33 A-12 33 A-12		(11,511)	(11,511)
ACCRUED PENSION	33 A-12		(1.7.1.17	•
BUSINESS TAXES ACCRUED				
STATE EXCISE OR B & O TAX	33 A-12		0 0	
TAX-PP/AUTO	33 A-12		0	
TAX-R.E.	33 A-12		J	0
DO NOT USE				
NOTES, CONTRACTS AND LOANS PA	ΛY			

09/30/15

Medicaid		Rounded	
Pg Ln	Stat	\$,
33 A-9 33 A-2		0 (6,747) 0	
34 B-2		(26,388) 0	(33,135) 0
33 A-11		0 0	0
33 A-12 33 A-12 33 A-12		0 0 0	0
34 b-3 34 b-3		(69,755) (3,511) (5,877) 0	(79,143)
35 b-2		0 0 0	0 0 0
35 b-5		0 0 0	
35 b-5 35 b-5 35 b-6		0 (89,197) (135,876)	(225,073 <u>)</u> (382,179)
	33 A-9 33 A-2 34 B-2 33 A-11 33 A-12 33 A-12 33 A-12 33 A-3 34 b-3 34 b-3 35 b-5 35 b-5 35 b-5	33 A-9 33 A-2 34 B-2 33 A-11 33 A-12 33 A-12 33 A-12 33 A-12 33 A-3 34 b-3 35 b-3 35 b-5 35 b-5 35 b-5	Niedicard Pg Ln Stat \$ 33 A-9 0 0 0 0 0 0 0 0 0 0 0 0 0 26,388) 34 B-2 0

			09/30/15	
High Chase, LLC	Medicaid	Rour Stat \$	nded	
Description	Pg Ln	Stat Ψ		
SKILLED NURSING FACILITY				
CARE REVENUE - PRIVATE		0	0	
BASIC CARE - LEVEL 1	30 l.4a 30 l.4a	758	(92,860)	
BASIC CARE - LEVEL 2 BASIC CARE - LEVEL 3	30 I.4a	0	0 0	
PRIVATE ROOM PREMIUM	30 I.4a	0 0	0	
ADJUSTMENTS TO REVENUE	30 I.4a	Ū	-	
CARE REVENUE - MEDICARE				
BASIC CARE - LEVEL 1	30 1a3	0 0	0 0	
BASIC CARE - LEVEL 2	30 1a3	0	Ö	
BASIC CARE - LEVEL 3	30 1a3 30 1a3	Ő	0	
ADJUST REVENUE - ALLOWANCE	30 1a3	0	0	
ADJUST REVENUE - RATE ADJ				
CARE REVENUE - WELFARE		^	0	
BASIC CARE - LEVEL 1	30 l.1a	0 11,598	(981,257)	
BASIC CARE - LEVEL 2	30 l.1a 30 l.1a	0	0	
BASIC CARE - LEVEL 3	30 I.1a	0	0	
STATE RETRO ADJUST ADJUST REVENUE - ALLOWANCE	30 I.1a	0	0 0	
ADJUST REVENUE - RATE ADJ	30 l.1a	0	U	
			•	
CARE REVENUE - OTHER		_	0	
BASIC CARE - LEVEL 1	30 1a4	0 0	0 0	
BASIC CARE - LEVEL 2	30 1a4 30 1a4	0	Ö	
BASIC CARE - LEVEL 3	30 1a4 30 1a4	0	0	
ADJUSTMENTS TO REVENUE	00 14.			
VENDING MACHINES		0	0	
REVENUE	30 2m 30 2m	0	Ő	
EXPENSE	30 ZIII			
LAUNDRY			•	
REVENUE	30 2c	0 0	0 0	
EXPENSE	30 2c	U	· ·	
PERSONAL ITEMS				
REVENUE		0	0	
EXPENSE		U	v	
PATIENT TRANSPORTATION				
, ,				

Medicaid	09/30/15 Rounded Stat \$			
Pg Ln	Stat Ψ			
	0 0	0 0		
30 2g TS 30 2m 30 2m 30 2m 30 2b 30 IV5 30 IV8 30 IV8 30 IV8	0 0 0 0 0 0 0	0 0 0 0 (39) 0 0		
10 12a 10 12d 10 10 PRDER 13 11c	0 9,886 0 0 0 0 0	0 119,263 0 0 0 0 163 0	119,426	
IANCE				
10 7b 10 7b 22 6b 22 6f 22 6c 22 6d 22 6f 22 6a JILDI 22 6a	2,313 0 0 0 0 0 0 0 0 0 0 0 0 0	42,895 0 7,486 13,482 12,385 7,069 0 0 0 0 0 0 0 0 0 42,255 0 0	125,572	
	30 2g TS 30 2m 30 2m 30 2m 30 2b 30 1V5 30 1V8 30 1V8 30 1V8 30 1V8 30 1V8 10 12d 10 10 11 12d 10 10 10 7b 10 7b 10 7b 10 7b 22 6b 22 6f	Neglication Pg	Medicaid Pg Ln Stat \$	

			09/30/15	
High Chase, LLC	Medicaid Pg Ln	Roun Stat \$	ded	
Description	rg Lii			
SALARIES	10 5b	0	0 42,700	
DIETARY WAGES	10 5c	3,531	0	
DIETICIAN	13 b1	. 0 0	67,107	
FOOD	18 2a1	0	0,107	
RECOVERY OF FOOD COSTS		0	0	
DISHES & UTENSILS	18 2a2	0	4,603	
SUPPLIES	18 2a2	0	0	
CLEANING SUPPLIES		Ö	0	
MISCELLANEOUS		Ô	0	
CONTRACTED LABOR	18 2d	Ō	0	
EQUIPMENT RENTAL	18 2d	0	0	
EQUIPMENT REPAIRS	10 Zu	0	0	
				114,410
LAUNDRY & LINEN				
LAURDICE & ZING.		0	0	
SALARIES	10 8b	483	5,784	
SALARIES	10 8b 19 3a4	0	27	
LINEN	19 3d	0	0	
SUPPLIES	19 Ju	0	0	
DRAPES & CURTAINS		0	0	
MISCELLANEOUS EXPENDITURE	19 3b	0	0	
CONTRACTED LABOR	19 3b	0	36,860	
PURCHASED SERVICES - INSERVICE	70 02	0	0	
EQUIP-RENTAL(LAUNDRY)		0	0	
EQUIPMENT REPAIRS		0	0	42,671
THE THE PARTY OF T				124
HOUSEKEEPING			0	
SALARIES	10 6a	0	0 76,874	
SALARIES - Other	10 6b	6,340	12,172	
SUPPLIES	20 4a1	0	0	
CONTRACTED LABOR		0	0	
EQUIPMENT RENTAL		0	Ő	
EQUIPMENT REPAIRS	20 4d	0	Ö	
Edon Market		U	· ·	89,046
ACTIVITIES - RECREATIONAL				
0.44 A.D.I.F.O		0	0	
SALARIES	10 12h	1,044	17,682	
SALARIES PURCHASED SERVICES - REC		0	0	
RECOVERY OF ACTIVITY COSTS		0	0	
SUPPLIES	20 5i	0	2,017 0	
SOL! FIFO		0	U	19,699
ADMINISTRATION & GENERAL				•
ADMINISTRATION & GENERAL		0.470	61,370	
SALARIES - ADMINISTRATOR	10 a2	2,170 0	61,370	
SALARIES - ASST. ADMINISTRATOR		1,044	17,681	
SALARIES - BUSINESS OFFICE	10 a 4	1,044	24,868	
SALARIES-OWNER	10 a1	1,036	1,178	
OFFICE SUPPLIES	15 1g	V	.,	
		ТВ		

				09/30/15	
High Chase, LLC	Medicaid		Round		
<u> </u>	Pg Ln	Stat	\$		
Description	19				
TO THE PENTAL			0	0	
EQUIPMENT RENTAL			0	0	
EQUIPMENT REPAIRS	16 L6		0	4,029	
AUTO			0	0	
AUTO LEASE	16 L4	•	0	144	
TRAVEL & LODGING	16 L2		0	397	
MEALS/ENTER SEMINAR EXPENSE	16 L5		0	(2,675) 0	
MOVING EXPENSE			0	1,661	
PURCHASED SERVICES - Computer	16 m-13		0	1,001	
CONTRACTED LABOR	16 m-13		0	_	
PAYROLL SERVICE FEES	16 m-13		0	2,869	
PROFESSIONAL FEES - LEGAL	15 1e		0	0	
PROFESSIONAL FEES - ACCOUNTING	15 1d		0	14,260	
PURCH SVCS - Pension			0	1,003	
PURCH SVCS - Felision	15 1a4		0	31,264	
PAYROLL TAX-FICA	15 1a3		0	2,916	
PAYROLL TAX SUI	15 1a3		0	15,388	
PAYROLL TAX-SUI	27 14c3		0	0	
BUSINESS INS	15 1a5		0	93,653	
GRP INSURANCE	15 1a7		0	11,511	
PENSION EXPENSE	15 1b		0	0	
PENSION - STOCKHOLDERS			0	0	
LEASE ACQUISITION EXPENSE	16 m-7		0	271	
POSTAGE	16 m-2		0	0	
ADVERTISING	16 m-3		0	0	
PUBLIC RELATIONS	16 m-1		0	0	
ADVERTISING-HELP WANTED	16 m-1		0	0	
EMPLOYMENT EXPENSE			0	0	
BANK CHARGES			0	0	•
BAD DEBTS - PRIVATE	•		0	0	
BAD DEBTS - MEDICARE INTERMEDI			0	0	
BAD DEBTS - WELFARE			0	0	
COLLECTION EXPENSE	16 m-10		0	0	
DONATIONS	16 m-8		0	967	
DUES & SUBSCRIPTIONS	16 m-13		0	1,205	
LICENSES	15 1a1		0	21,569	
INSURANCE - W/C			0	0	
OFFICERS LIFE INSURANCE	16 m-13		0	0	
MISCELLANEOUS	15 1H1		0	3,024	
TELEPHONE	15 1H2		0	0	
Cell Phone / pagers BUSINESS TAXES - B & O TAX	15 1j		0	0	-
BUSINESS TAXES - SALES TAXES BUSINESS TAXES - SALES TAXES	15 1k2		0	0	
PROVISION FOR STATE INCOME TAX			0	0	
PROVISION FOR STATE INCOME. IT	•		0	0	
PROVISION FOR OTHER TAX	36 g-2		0	0	200 552
FINES AND PENALTIES	ū				308,553
ADMINISTRATION & GENERAL				,	
PROPERTY & RELATED				-	
TOO FEDURE DECEMBER ATEN CO	os		0	0	
RECOVERY OF PROP & RELATED CO	22 10b		0	14,821	
REAL PROPERTY TAXES	22 10c		0	1,471	
PERSONAL PROPERTY TAXES			0	0	
TAXES AND LICENSES - OTHER	27 14c2		0	9,503	
INSURANCE - FIRE & EXTENDED CO	27 14a		0	6,216	
INSURANCE - LIABILITY					
		TB			

			09/30/15	
High Chase, LLC	Medicaid	Rout Stat \$	nded	
Description	Pg Ln	Stat \$,,,,,,,,	
ALITO	27 14b	0	935	
INSURANCE - AUTO	_, .	0	0	
RENT EXPENSE-LAND	22 9	0	69,600	
RENT EXPENSE - BUILDING		0	0	
RENT EXPENSE - EQUIPMENT	22 7a	0	1,156	
DEPREC-LAND IMPROVEMENTS	22 7b	0	0	
DEPREC-BUILDING	22 7b	0	0	
DEPREC-BUILD.IMPROV	22 7b	0	0	
DEPREC-BUILD, ADDITION		0	3,408	
DEPREC-LEASEHOLD IMPROVEMENTS	22 00	0	0	107,110
ADMINISTRATION & GENERAL				
DEPRECIATION & AMORTIZATION			0	
WED FOLUDATENT		0	0	
DEPREC-FIXED EQUIPMENT	22 7d	0	852	
DEPREC-FURNITURE & EQUIPMENT	22 7d	0	0	
DEPR-OFFICE EQUIPMENT	22 7d	0	0	
DEPR-KITCHEN	22 7d	0	0	
DEPR-LAUNDRY	22 7d	0	0	
DEPR-NURSING		0	0	
DEPR-MAINTENANCE & HOUSEKEEPIN	22 7d	0	0	
DEPREC-MINOR EQUIPMENT	22 Tu	0	3,856	
DEDREC-AUTO	22 7c	0	5,486	
DEPREC-NONMOVABLE EQUIPMENT	22 8d	0	0	
AMORT-ORGANIZATION COSTS		0	0	
AMORT-LEASE ACQUISITION COSTS	22 8a	0	0	10,194
AMORT-DEFERRED OFFERING EXP	22 8b	Ū		
INTEREST EXPENSE				
	26 12A1	0	0	
BUILDING	20 IZA1	0	0	
PROPERTY		0	509	
FOUIPMENT	27 12d	0	0	
WORKING CAPITAL NOTES	27 12d 27 12d	0	1,090	
VENDORS	27 12 u	v	,	1,599
FEDERAL INCOME TAXES				
	15 k-1	0	0	
PROVISION FOR FEDERAL INCOME T		Ō	0	0
PROVISION FOR STATE INCOME TAX	(15 k-1	· ·		
CURRENT YEAR (PROFIT) LOSS			(135,876) * 1,074,156	938,280

High Chase Charter Business Service

こくに	9/30	/201	5

WTB Acct.	:015 :7-Administra rt Page 20 # {	tive: Computer and Internet Expense		6-Rec.	7-Computer	7-Telephone	7-Telephone	% Taxes	7-Telephone
Cost Repo	II Fage 20 # V	Account	Amount	TV	Internet	Phone	MTA Lease	& Fees	Adjustment
234 270 291 314 346 377 399 411 444 461 475 503 519	11/05/2014 7 12/03/2014 7 01/06/2015 7 02/04/2015 03/09/2015 04/07/2015 05/01/2015 06/01/2015 07/07/2015 07/07/2015 07/30/2015 09/02/2015	7-Admin:Computer and Internet Exp 7-Admin:Computer and Internet Exp	479.43 481.67 479.70 479.70 480.58 480.58 481.00 489.09 488.33 488.84	76.05 76.05 76.05 76.05 76.05 76.05 76.05 76.05 79.99 79.99 80.46	115.00 115.00 115.00 115.00 115.00 115.00	209.79 209.79 209.79 209.79 209.79 209.79		78.59 79.03 78.86 78.74 79.74 79.74 80.16 84.31 84.32 83.55 83.55	5 5 4 4 5 1 1 5 9
,		% Calc Taxes & Fees Adjustment		0.19 184.40				(970.4	8) -
		Adjusting Entry	(5,798.59)	1,113.23	3 1,661.44	3,023.9	2		_



Ray Catena Motor Car Corporation Smart Center of Edison 910 Route 1 • EDISON, N.J. 08817

() smart

Mercedes-Benz

910 Houte 1 * EDISON, N.J. 08017 Sales (732) 549-6600 • Service (732) 549-6606 • Parts (732) 549-8020

SOLD TO

HIGH CHASE LLC

ADDRESS

140 RIVER ROAD SOUTH GLASTONBURY CT Ø6Ø73 INVOICE

DATE 03/30/2015 126906

DEAL# 234759 .

SO	UTH GLASIC	DNBURY CT Ø6	21.3			فالتراق والتراوي	policies was a second second second	27.19
	TAKE	COLOR	MODEL	INVOICE	STOCK NO.	CLIENT NO.	USED STK. NO.	
		BLACK/ALMONE	C3ØØW4	-	P52084	1762Ø9		
		1.		REPRESENTATIVE NUMBER	1179	MODEL NUMBER	ta	4.00
WDDGF8AB9DR28	7471	KEY NOS.			RIPTION	ACCT. NO.	SALE	
<u>IN</u>		RAGE INCLUDES		NEW INV. CUC		. @	35995.00	
FIRE & THEFT		BLIC LIABILITY - AMT. \$ IOPERTY DAMAGE - AMT. \$		UNIT SOLD CUC				
COLLISION - AMT, DED, S		T AND ACCESSORIE	E	SEC. 1000	• "		,	4404
	DESCR		PRICE	., /			· · · · · · · · · · · · · · · · · · ·	
GROUP	DESON	<u>ir non</u>						の
								经数
						<i>j</i> - + 5		3/0
							ASSESSED BY	
							1	想到是
							是这些这种	1
							173	
				NJ SUPPLEMEN	TAL TITLING FEE	331L.	N/A	
				DOG FEE		805	499.00	对种的
				NJ TIME TAX		325	225 00	大学员
				MOTOR VEHICL	E	331	325. <i>8</i> 2 2189.64	22.
LIEN: MERCEDES-BENZ	FINSERVUS/	ALLC		SALES TAX		324	39008.64	
AA AAY 097542 -				TOTAL CAS	H PRICE		3418.24	20年8
SACRAMENTO CA	95899-7542	2		FINANCING				坐起間
				INSURANCE	<u></u>		N/A 42425.88	X 45 X
·	•			TOTALTIME	PRICE	 	2500,00	
				DEPOSIT		305	N/A	罗 杰克
			•	CASH ON DELIV	ERY	220A	12 - 23	
								A.A.A.
	DESCRIPTION	N OF TRADE-IN		TRADE-IN ALLO	WANCE			4
YEAR MAKE	BODY C		MODEL	PAYMENT MONTHS (OCLARS		39926.88	
EXII		; ** ¹		72*554 TOTAL	. REU MONTH		42426.88	

RAY CATEMA MOTOR CAR
SIB RT. 1
EDISON. H.J BEBLIT
TOTA ID: BEBS

Sale

WWWWWWWWWWW

Firty Method: Swiped

VISA

Entry Method: Swiped

VISA

16:48:11

RAYA/IS

INV H: 100007

Appr Code: 01294

Appr Code: 01294

Total:

Customer Copy

Mercedes-Benz Financial Services

NEW JERSEY

Retail Installment Contract - Simple Interest

First Class Financing®

tetail Installme	ent Contract - Simp	je interes	Parties		
Contract Date:(3/30/2015				
reditor/Seller;				Buyer (and Co-Buyer):	
ame: RAY CA	TENA MOTOR CAR	CORP.		Name:HIGH CHASE LLC	
ddress: <u>910 RO</u>				Name: N/A	
	NJ 08817 MIDDL	ESEX		Billing 140 RIVER ROAD Address:	
				SOUTH GLASTONBUE	RY CT 06073 HARTFORD
Unless otherwise section labeled Po being quoted bot vehicle on credit. vehicle.	specified, "you" and "y arties. The vehicle desc th a cash ("Cash Price" You agree to the terms	", page 2) a s and condi	ind credit price ("Totalions provided for in t	uyer), and "we" and "us" refer to d Vehicle and Trade-in Informatio al Sale Price", below) for the vel his contract. You also acknowled	the Creditor/Seller, listed above in in, is referred to as "vehicle." After nicle, you have chosen to buy the dge delivery and acceptance of the
		A LANGE	e or versionals		·
X Standard	Balloon Payment			e longs	
You understand th	at no matter which box is	checked abo	ove, this contract is not	ding Disclosures	
					Total Sale Price E
ANNUAL PERC RATE The cost of your a yearly rate.	credit as credit will cos	nount the	Amount Financed The amount of credit provided to you or on your behalf. \$ 36508.64	Total of Payments E* The amount you will have paid after you have made all payments as scheduled. \$ 39926.88	The total cost of your purchase on credit, including your down payment of: \$ 2500 - 00. \$ 42426.88
Number of Payments	Amount of Each Payment	When F	Payments Are Due ly N/A ng Date of Payment)	more than 10 days late. The charg Prepayment. If you pay off early,	you will not have to pay a penalty.
N/A N/A	N/A	N/A		being purchased.	us a security interest in the vehicle
+1 Final Payment	554.54 Amount of Final Payment	Due	/2015 Date of Final Payment		ne other pages of this contract for rity interest, nonpayment, default, and the scheduled date, and prepayment
	554.54	03/30	/2021		
		ver en v	enicle and Trad	e-in Information	
1. VEHICLE	DESCRIPTION sed WDDGF8AB9DR				200
2013 MER Year	CEDES-BENZ Make		C300W4 Mod	el 4DR SDN C	dy Style No. Cyl.
	INTENDED USE Commercial Cked, or if Personal box is	Agricul	tural N/A ou agree to use the vehi	ide for personal, family, or househol	d purposes.
	N DESCRIPTION			N/A	Model
Year			ake		Page 1
©2014 Mercedes EF-001-5271 NJ	-Benz Financial Services US (06/14)	A LLC	CLIENT	v.	rage 1



Welcome HIGH CHASE LLC 1

My Account

Payment Estimators

Apply for Credit

Lease or Finance

What's New

Mercedes Benz Financial Services

Account Summary

Statement.

Transellon History

Email Us

Transaction History

This Transaction History screen offers an easy way to track and review your payments made to Mercedes-Benz Financial Services.

Any payments posted on your Mercedes-Benz Financial Services account are available for viewing in the Transaction History section. These include payments made via Online Pay. Auto Pay, phone or check. You can view the prior 6 months of activity, prior 12 months of activity or your entire account history.

To see the pending on-line transactions or schedules, please click here,

To see the pending of	on-line transactions or schedules,	please click here.	and the second section of the section o			क्र अस्टब्स्ट
10.512.413	A STATE OF THE PARTY OF THE PAR	T. P. S.	577.61	\$0.00	\$554,54	\$32,190.43
11-24-2015	Payment	\$476.93		·\$0.00	S554.54	\$32.667.36
10-26-2015	Payment	\$467.68	\$88.86	\$0.00	\$554.54	\$33,135.04
09-24-2015	Payment	\$469.20	585.34			533,604.24
	Payment	\$468.02	\$86,52	\$0.00	`S554,54	
08-24-2015		\$469.65	584:8 9	\$0.00	\$554.5 4	\$34;072.26
07-24-2015	Payment	5477.08	\$77.46	\$0.00	\$554.54	\$34,541.91
06-24-2015	Payment		\$20,3 8	\$0.00	\$554.54	\$35.018.99
05-28-2015	Payment .	\$534.16		5 D.00	\$659,08	\$35,553.15.
05-21-2015	Payment	S505.49	\$ 153.59	\$10.00	\$10.00	536,058.64
05-14-2015	Late Charge Or Fee Waived	\$0,00	\$0.00		(\$10.00)	\$36,058.64
	Late Cherge Or Fee	\$0,00	90;00	(\$10.00)	·	\$36,058.64
05-11-2015	Assessment Payment Walver	\$450.00	\$9.00	\$0.00	\$450.00	
03-30-2015	Program					\$36.508.64
03-30-2015	Loan Funding		our customers relating	to their account, it is p	ravided for information	al purposes only and

The account history displays payment information most often requested by our customers relating to their account, it is provided for informational purposes only and is not a detailed transaction summary of each entry or item affecting your account.

Export >

Credit Card

MBUSA.com

Owners Online

Our Company

FAQS

Locate a Dealer

MBFS Mobile

Insurance

Contact Us

Tenns of Use and Privacy

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NMLS #2545

Font AA

Shemap



STATE OF CONNECTICUT DEPARTMENT OF MOTOR VEHICLES



IMPORTANT

1) VERIFY THAT DMV HAS RECEIVED YOUR PAYMENT AT CT.GOV/DMV/VERIFYREG;
2) MAKE SURE YOU PAY ALL LOCAL PROPERTY TAXES DUESAND FULFILL ANY REQUIREMENTS LISTED BELOW.
3) TEAR OFF REGISTRATION CERTIFICATE BELOW AND PUTS IN VEHICLE OR YOU MAY BE FINED IF STOPPED BY POLICE. Below is your new registration certificate. You must keep this document in your vehicle at all times.

Connecticut no longer issues expiration stickers.

VALID ONLY AFTER RESOLVING KEEP IN VEHICLE

KEEP IN VEHICLE

VALID ONLY

ALL COMPLIANCE ISSUES ABOVE

REGISTRATION

THIS PORTION IN YOUR VEHICLE - DO NOT MAIL

NO REGISTRATION STICKER REQUIRED INSURANCE SHALL BE MAINTAINED AS REQUIRED BY CT LAW

AFTER PAYMENT RECEIVED BY DMV

CLASS CODE PLATE NUMBER EXP. DA 03 4355DD 04/07/	A AGUICCE INTERIT INTERIOR HOWARDS	DDEL BODY STYLE COLOR GROSS WEIGHT STAN	
CLASS CODE DESCRIPTION	SUB CODE SUB CODE DESCRIPTION 1 PASSENGER BODY	10WN CURRENT TAX TOWN AXLESTIGHT WEIGHTISEA O54 GLASTONBURY	
COMBINATION THE EMISSIONS TEST DUE DATE PRINT 0 9 04/07	DATE PRINT TIME TERM ID CLOCK TOTAL FEE		s
1 104701	7 2 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	- and open	

HIGH CHASE LLC 140 RIVER RD S GLASTONBURY

KEEP IN VEHICLE

KEEP IN VEHICLE

CT 06073

NEW RECORD MVCM0455

		·	,	,		
ON CARD - Connecticut	C. Number: 42919 iration Date: 03/30/2016		Authorized Officer of the Insurer	the following information for the Model	ide.	†

INSURANCE IDENTIFICATI The vehicle which is replaced is not effective date of the replacement ve 2 ð Year

Annual Report of Long-Term Care Facility Cost Year 2015 Checklist

Facility Na	me High Chase LLC
Complete the additional she	following check list. Provide an explanation for any "No" answers. Attach ets to explain further, if necessary.
Yes No Explanation:	1. Have all related parties been properly disclosed on Pages 4, 11, 12, 14, 17 and 21?
Yes No	 Are the methods of allocating costs consistent with cost year 2014? If not, explain the reporting change.
Explanation:	
Yes No Explanation:	3. Are costs allocated based on the methods prescribed on Page 5 of the Annual Report? If not, provide the basis of your allocation.
Yes No Explanation:	4. Do equipment leases listed on Page 6 agree with equipment leases reported on Page 22, Line 6e? If not, state where these costs are included in the Annual Report.
•	

Yes No Explanation:	5. Do accounting and legal fees reported on Page 7 agree with Page 15, Lines 1d and 1e, respectively?
Yes No Explanation:	6. During cost year 2015, did you report all certified bed changes on Page 9? Do the bed change dates agree to the license issued by the Department of Health?
Yes No Explanation:	7. If there has been a change in Administrators, have the dates of employment and applicable hours for each Administrator been reported on Page 12?
Yes No Explanation:	8. Have hours been reported for all expenses claimed on Page 13? Hours must be actual rather than estimated.
Yes No Explanation:	9. Has resident day user fee expense been properly reported on Page 15, Line 1k3?
Yes No Explanation:	10. Have purchased services greater than \$10,000 reported on Pages 16, 18, 19, 20 and 22 been detailed on Page 21?

Explanation:	11. Have the dietary and laundry questionnaires on Pages 18 and 19 been completed?
Yes No No Explanation:	12. Has the personal use portion of automobile expense been disallowed, including, depreciation, lease payments, insurance and taxes?
Yes No Explanation:	13. Does historical cost and accumulated depreciation of all assets reported on Pages 23 and 24 roll forward from cost year 2014?
Yes No Explanation:	14. Does the net book value of all assets reported on Pages 23 and 24 agree with the net book value reported on Pages 31 and 32?
Yes No Explanation:	15. Has asset useful life been reported in accordance with the 2013 edition of the American Hospital Association guidelines?
Yes No XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	16. Have all assets been categorized between movable and fixed in accordance with the 2013 edition of the American Hospital Association guidelines?

Yes No Explanation:	17. Have all contractual allowances been properly reported on Page 30?
Yes No Explanation:	18. If the automated cost report was used, were all discrepancies on the Error Page addressed? If not addressed, explain why.
Yes No Explanation:	19. Have Pages 1 and 37 been signed? Cost reports without a signed Page 1 and 37 will not be accepted.
Yes No Explanation:	20. Have detailed schedules been provided for all "other" line items, fixed asset and movable equipment additions? If detail is not provided, appropriate disallowances will be made.
Yes No Explanation:	21. Have all costs associated with non-nursing home businesses (i.e., Adult Daycare, Meals on Wheels, Outpatient Therapy Services, etc.) been disallowed on Pages 28 and/or 29 of the Annual Report?
Yes No Explanation:	22. Has all required documentation been submitted to the Annual Report review and audit contractor?

High Ch	ase LLC
Audit Re	econciliations

F/Y/E

9/30/2015

Expenditures:

Page 36C	Annual Cost Report	÷ :	938,280
Financials	Total Operating Expenses		N/A
line 20 Tax Return	Total deductions Adj.		936,060
	Depreciation & amort	(21,055)	
	Credit for Health Ins	21,279	
	T&E	198	
	Auto - pers Auto - personal use	1,798	2,220
			938,280
		•	

Administrator Pa	<u>yroll</u>
Page 12	

Page 12	<u> </u>		_	61,370
	Annual Cost Report			
Dr. K Bhogal	Form UC-2			
Dr. K Bhogal	4th	15,376		
Dr. K Bhogal	1st	15,276		
Dr. K Bhogal	2nd	15,276		61,202
	3rd	15,276		
			(1,679)	
	Rev Accr	9/30/2014	1,846	168
	Accr	9/30/2015	_	61,370
Related Parties - Ja Page 11	•		=	24,868
	Annual Cost Report			
J. Bhogal	Form UC-2			
J. Bhogal	4th	6,275		
J. Bhogal	1st	6,175		
J. Bhogal	2nd	6,175		24,800
	3rd	6,175		
			(679)	
	Rev Accr	9/30/2014	746	68_
	Accr	9/30/2015		24,868